

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000026925	
1. Entity Name DD&D ENTERPRISES, INC.	

Principal Place of Business 5133 SOUTEL DRIVE, SUITE 4 JACKSONVILLE, FL 32208 US	Mailing Address 5133 SOUTEL DRIVE, SUITE 4 JACKSONVILLE, FL 32208 US
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1000000145947
05/03/04-80043-022 150.00



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3634992	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PICKFORD, DONNIE L 9433 GIBSON AVE JACKSONVILLE, FL 32208

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registered) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCED PICKFORD, DONNIE L 9433 GIBSON AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PIGFORD, JOHNNIE 300 S MYRTLE ST PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIGFORD, ANNIE L 300 S MYRTLE ST PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] 4/28/04 (904) 294-5779
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Filing Office