

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000036660

1. Entity Name

DBD DEVELOPMENT GROUP, INC.



Principal Place of Business

400 EAGLE LAKE LOOP RD
WINTER HAVEN, FL 33884

Mailing Address

PO BOX 589
WINTER HAVEN, FL 33882



01042005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3643488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNSON, LESLIE W III
400 EAGLE LAKE LOOP RD
WINTER HAVEN, FL 33884

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BATES, SANDRA J
STREET ADDRESS 6745 WINTERSET GARDEN RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME DONLEY, TERRY W
STREET ADDRESS 6755 WINTERSET GARDEN RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME DUNSON, LESLIE W III
STREET ADDRESS 400 EAGLE LAKE LOOP RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000230962
04/07/05-80007-026 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie W. Dunson III

4/6/05

863-293-9888

Daytime Phone #