


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90305 012 ***150.00

| | |
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| DOCUMENT # P00000054082 |  |
| 1. Entity Name DOUBLE D AMERICA, INC. | |

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| Principal Place of Business 5535 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771 | Mailing Address 7966 MARINA RD. DONALSONVILLE, GA 39845 |
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|--|--|
| 2. Principal Place of Business 7866 Jenkins St | 3. Mailing Address 7866 Jenkins St. PO Box 155 |
| Suite, Apt. #, etc. 7866 Jenkins St | Suite, Apt. #, etc. PO Box 155 |
| City & State Sneads, FL | City & State Sneads, FL |
| Zip 32460 | Country Jackson |

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|  | |
| 04102005 | Chg-P CR2E034 (10/03) |
| 4. FEI Number 59-3657072 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent DESJARDINS, DONALD G 5535 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771 | |
| 7. Name and Address of New Registered Agent Name 7866 Jenkins St. P.O. Box 155 Sneads, FL 32460 | |

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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE 7866 Jenkins St. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DESJARDINS, DONALD G | | NAME Sneads, FL 32460 | |
| STREET ADDRESS 5535 LAKE LIZZIE DRIVE | | STREET ADDRESS 7866 Jenkins St. | |
| CITY-ST-ZIP ST. CLOUD, FL 34771 | | CITY-ST-ZIP Sneads, FL 32460 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE 7866 Jenkins St. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DESJARDINS, DIANA | | NAME Sneads, FL 32460 | |
| STREET ADDRESS 5535 LAKE LIZZIE DRIVE | | STREET ADDRESS 7866 Jenkins St. | |
| CITY-ST-ZIP ST. CLOUD, FL 34771 | | CITY-ST-ZIP Sneads, FL 32460 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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|--|-------------------------|----------------|---------------------|
| SIGNATURE: Diana Desjardins | Diana Desjardins | 4/11/05 | 229-254-0494 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |