

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90147 037 ***150.00

DOCUMENT # P00000055326

1. Entity Name
D & R VENTURES INC.



Principal Place of Business
**3540 FOREST HILL BLVD.
203
WEST PALM BEACH, FL 33406**

Mailing Address
**3540 FOREST HILL BLVD.
203
WEST PALM BEACH, FL 33406**

40043411



DO NOT WRITE IN THIS SPACE

03182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1018453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENTRY, DEBORAH A
3540 FOREST HILL BLVD.
203
WEST PALM BEACH, FL 33406**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DENTRY, DEBORAH A
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VPS
NAME	LEE, ROBERT A
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
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 exemptions contained in Chapter 119, 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

3/18/06

Date

5614334210

Daytime Phone #