

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000066492					
1. Entity Name D & D MEDICAL SALES, INC.					
Principal Place of Business 6698 NASSAU ST. ST. AUGUSTINE, FL 32084			Mailing Address P.O. DRAWER 4050 ST. AUGUSTINE, FL 32085		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt # etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03232004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3662017				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA ST. ST. AUGUSTINE, FL 32085			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DOLLOFF, RICHARD D II 6698 NASSAU ST. ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000160556 05/17/04-80004-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DOLLOFF, BETH A 6698 NASSAU ST. ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 officers empowered.					
SIGNATURE: _____			Date 5/6/04 Telephone # 904-471-0309		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					