

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 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**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3662017

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HALL, CHARLES E
77 ALMERIA ST.
ST. AUGUSTINE, FL 32085**

**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	PTD
NAME	DOLLOFF, RICHARD D II
STREET ADDRESS	6698 NASSAU ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	VSD
NAME	DOLLOFF, BETH A
STREET ADDRESS	6698 NASSAU ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/06-80004-011 158.75

**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 SIGNED OFFICER OR DIRECTOR

2/20/06
Date

904-581-2103
Daytime Phone #