

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90049 023 ***150.00

80037028

DO NOT WRITE IN THIS SPACE

DOCUMENT #		P00000076396	
1. Entity Name			
DDD CORDELE, INC.			
Principal Place of Business		Mailing Address	
3808 MAGNOLIA POINT LANE		3808 MAGNOLIA POINT LANE	
SAINT AUGUSTINE FL 32086		SAINT AUGUSTINE FL 32086	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		4211 U.S. 1 South	
City & State		Suite, Apt. #, etc. PMB 211	
Zip		City & State St. Augustine, Fl.	
Country		Zip 32086	
		Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
GRIFFIN, TERESA D 3808 MAGNOLIA PT LN SAINT AUGUSTINE FL 32086	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.

SIGNATURE Teresa Griffin TERESA GRIFFIN VP 2/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution: <input type="checkbox"/> Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D HEAD, DOROTHY L 3808 MAGNOLIA PT LN SAINT AUGUSTINE FL 32086	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA GRIFFIN VP 2/22/02 904-797-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CB2E034 (9/01)