2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000077243

1. Entity Name

DOUBLE D ENTERPRISES OF BRADFORD COUNTY, INC.



FILED Feb 09, 2006 08:00 AN Secretary of State

Principal Place of Business

13883 SW COUNTY RD 231 BROOKER, FL 32622 Mailing Address

13883 SW COUNTY RD 231 Brooker, FL 32622



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3665296 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYAL, LLOYD L JR 13883 SW COUNTY RD 231 BROOKER, FL 32622

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | ourpose of changing its regi | istered office or re | egistered agent, or bol | th, in the State of Florida. I am familiar with, and accept |
|---|--|------------------------------|----------------------|--------------------------------|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refinitating) DATE | | | | | |
| File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DYAL, LLOYD L JR 13883 SW COUNTY RD 231 BROOKER, FL 32622 | | | - | U00000426110 |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | STD DYAL, MARGARET D 13883 SW COUNTY RD 231 BROOKER, FL 32622 | | | | 02/20/06-80030-022 150.00 / |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ESVP DYAL, KELLEY L 14204 SW CR 231 BROOKER, FL 32622 | | - | DO | NOT WRITE |
| TITLE KAME STREET ADDRESS CITY+ST-ZIP | VP MCREE, SUZANNE D 13720 SW CR 231 BROOKER, FL 32622 | | | IN - | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | · · <u>-</u> |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | |