

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09 2005 08:00 AM
Secretary of State

DOCUMENT # P0000078113

1. Entity Name
DOUBLE D SMOOTHIES, INC.



Principal Place of Business
1906 GULF TO BAY BLVD
CLEARWATER, FL 33765 US

Mailing Address
1704 SPLIT FORK DRIVE
OLDSMAR, FL 34677 US



02062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARKRIANES, DONALD ☒ W.
1704 SPLIT FORK DRIVE
OLDSMAR, FL 34677

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MARKRIANES, DONALD 1704 SPLIT FORK DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MARKRIANES, DAVID 2545 N.E. COACHMAN RD #56 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/09/05-80011-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

3/6/05 (813) 854-2914