


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # PD00000090456	
1. Entity Name D.B. NATIONAL HOLDING CORP.	

FILED
11 JUN -3 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 4399 NW 43 CT		3. Mailing Address 4399 NW 43 CT	
Suite, Apt. #, etc. 4399		Suite, Apt. #, etc. 4399 NW 43 CT	
City & State LAUDERDALE LKS. FL		City & State LAUDERDALE LKS FL	
Zip 33319	Country USA	Zip 33319	Country Broward

100207108761
05/03/11--01022--019 **150.00

CR2E034B (1/11)

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4. FEI Number 65-104-1852	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Norman Lobban
Street Address (P.O. Box Number is Not Acceptable) 4448 Inverrary Blvd
City LAUDERHILL
State FL
Zip Code 33319

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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E-mail Address: Fatboy_db1977@yahoo.com
E-mail address to be used for future annual report notices.

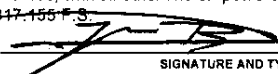
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dayne A Brown 4399 NW 43 CT Land. Lks FL. 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Norma Royes 4399 NW 43 CT. Land Lks FL. 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6-1-11