


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000025395</b> 1. Entity Name D AND H INVESTORS INC.	
--	---

Principal Place of Business 656-C CAPITAL CIRCLE NE TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 7222 TALLAHASSEE, FL 32314-7222
---	--

**DO NOT WRITE IN THIS SPACE**

FILED  
04 APR 30 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3718704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUHAMMAD, DAVID  
1215-1CAY LANE  
TALLAHASSEE, FL 32311

**DO NOT WRITE IN THIS SPACE** KH

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUHAMMAD, DAVID P.O. BOX 7222 TALLAHASSEE, FL 323147222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MUHAMMAD, HAZEL C P O BOX 7222 TALLAHASSEE, FL 323147222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500036049935  
05/11/04--01032--016 \*\*150.00

**DO NOT WRITE 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** David Muhammad 4/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #