2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like eropowered.

SIGNATURE: _

Feb 27, 2006 8:00 am **DOCUMENT # P01000025828 Secretary of State** 02-27-2006 90055 035 ***150.00 D & D TRIM CARPENTRY, INC. Mailing Address Principal Place of Business 323 BOLENDER ROAD 323 BOLENDER ROAD AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business 316 Bolender 3. Mailing Address 3) le Bolender Suite, Apt. #, etc. 02222006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For burndale 59-3716313 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bozeman BOSEMAN, DICKEY P.O. Box Number is Not Acceptable) 323 BOLENDER RD. AUBURNDALE, FL 33823 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. Lam familiar with, and accept the obligations of registered as 06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE n ☐ Delete TITLE ☐ Change □ Addition BOZEMAN, ĎICKEY H NAME NAME STREET ADDRESS STREET ADDRESS 323 BOLENDER ROAD CITY-ST-ZIP AUBURDALE, FL 33823 CITY-ST-ZIP Delete TITLE Change Addition SCHWARTZ, WILLIAM NAME NAME STREET ADDRESS 140 EAGLE POINT BLVD. STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP AUBURNDALE, FL 33823 Addition Delete HILE TITLE Change | BOZEMAN NAME NAME Bolander 316 Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

IG OFFICER OR DIRECTOR

FILED