


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000044770</b> 1. Entity Name <b>P &amp; D RESOURCES, INC.</b>	
--	---

Principal Place of Business <b>13448 OKLAHOMA WOODS CT. ORLANDO FL 32824</b>	Mailing Address <b>P.O. BOX 274171 TAMPA FL 33688</b>
---	--



2. Principal Place of Business	3. Mailing Address	
--------------------------------	--------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
---------------------	---------------------	--

City & State	City & State	
--------------	--------------	--

Zip	Country	Zip	Country	
-----	---------	-----	---------	--

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3719050</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>DENYKE, DIANE 13448 OKLAHOMA WOODS CT. ORLANDO FL 32824</b>
---

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
---

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 <i>Diane L. Denyke</i>	DATE <i>3/4/06</i>
----------------------------------	--------------------

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D DENYKE, DIANE L	<input type="checkbox"/>
NAME	13448 OKLAHOMA WOODS CT.	
STREET ADDRESS	ORLANDO FL 32824	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/>
NAME	REMINGTON, JANETTE MARIE	
STREET ADDRESS	9211 COBB ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	L00000458264		
NAME	03/17/06-00036-024 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: <i>Diane L. Denyke</i>	DATE: <i>3/4/06</i>	PHONE: <i>913-968-2326</i>
-----------------------------------	---------------------	----------------------------