

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072423

Entity Name: D & D DETAIL KING, INC.

FILED
Jan 30, 2006
Secretary of State

Current Principal Place of Business:

328 W OAK ST
KISSIMMEE, FL 34741

New Principal Place of Business:

1100 MASSACHUSETTS
ST CLOUD, FL 34769

Current Mailing Address:

328 W OAK ST
KISSIMMEE, FL 34741

New Mailing Address:

PO BOX 701178
ST CLOUD, FL 34770

FEI Number: 59-3734337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYTOR, DAVID
328 W OAK ST
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAYTOR, DAVID
Address: 328 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: STAMM, DAVID E
Address: 328 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: CLAYTOR, SHANNON L
Address: 328 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: CLAYTOR, SHAWN D
Address: 328 W OAK ST
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLAYTOR, DAVID
Address: PO BOX 701178
City-St-Zip: ST CLOUD, FL 34770

Title: D (X) Change () Addition
Name: STAMM, DAVID E
Address: PO BOX 701178
City-St-Zip: ST CLOUD, FL 34770

Title: D (X) Change () Addition
Name: CLAYTOR, SHANNON L
Address: PO BOX 701178
City-St-Zip: ST CLOUD, FL 34770

Title: D (X) Change () Addition
Name: CLAYTOR, SHAWN D
Address: PO BOX 701178
City-St-Zip: ST CLOUD, FL 34770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CLAYTOR

RA

01/30/2006

Electronic Signature of Signing Officer or Director

_____ Date