## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachmer

SIGNATURE:

## Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90010 012 \*\*\*150 00 **DOCUMENT # P01000072423** D & D DETAIL KING, INC. 400722 Principal Place of Business Mailing Address 2565 BROADVIEW DR. PO BOX 701178 KISSIMMEE, FL 34744 ST CLOUD, FL 34770 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02042008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3734337 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stann David CLAYTOR, DAVID Street Address (P.O. Box Number is Not Acceptable) 2001 GRANDA BLVD. KISSIMMEE, FL 34746 City <u>nissimmee</u> 8. The above named entity sybmits 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 registere SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na ed agent and title if applicable DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition HILE TITLE NAME CLAYTOR, DAVID NAME PO BOX 701178 STREET ADDRESS STREET ADDRESS ST CLOUD, FL 34770 CITY-ST-ZIP CITY-ST-ZIP VP Sec Director Addition ☐ Delete TITLE TITLE STAMM, DAVID E NAME David E Stamm PO BOX 701178 STREET ADDRESS STREET ADDRESS ST CLOUD, FL 34770 CITY-ST-ZIP 10 Box 701178, St Cloud FL CITY-ST-ZIP Delete TITLE ☐ Addition TITLE CLAYTOR, SHANNON L NAME NAME STREET ADDRESS PO BOX 701178 STREET ADDRESS CITY-ST-ZIP ST CLOUD, FL 34770 CITY-ST-ZIP Delete Addition TITLE TITLE Change CONTES, WENDELL NAME NAME PO BOX 701178 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST CLOUD, FL 34770 Bryan Cromer Pres/Treas/X, 1734 Berkford Cr Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 if

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**