

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Pd. *St 2897*

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90022 007 ***158.75

DOCUMENT # P02000014602

1. Entity Name
 DDD CONTRACTOR, INC.



Principal Place of Business
~~536 COLLEGE DR.~~
~~MIDDLEBURG FL 32068~~

Mailing Address
 1177 PARK AVE
 SUITE 5, PMB 110
 ORANGE PARK FL 32073



2. Principal Place of Business - No P.O. Box #
4574 Santa Clara Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1177-5 Park Ave PMB 110
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
Middleburg FL
 Zip
32068
 Country
USA

City & State
Orange Park FL
 Zip
32073
 Country
USA

4. FEI Number
 04-3600825
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRAY, LARRY D
 1177 PARK AVE., SUITE 5 PMB 110
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 Name *Robert Brian Fields*
 Street Address (P.O. Box Number is Not Acceptable)
1177-5 Park Ave PMB 110
 City *Orange Park* FL Zip Code *32073*

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 *Larry D Bray*
Signature, typed or printed name of registered agent (not applicable)

DATE *3-1-08*
(NOTE: Registered Agent signature required when non-filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD- BRAY, LARRY D</i> <input checked="" type="checkbox"/> Delete 1177 PARK AVE., SUITE 5, PMB 110 ORANGE PARK FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Robert Brian Fields</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1177-5 Park Ave PMB 110 Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Brian Fields*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3-1-08* *904-298-2780*
Date License Number