


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 29, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000054253
1. Entity Name
D & N REFACING, INC.



Principal Place of Business
**608 SE 31ST STREET
CAPE CORAL, FL 33990**

Mailing Address
**608 SE 31ST STREET
CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE



03252006 No Chg-F CR2ED34 (11/05)

4. FEI Number
01-0684936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**THOMAS, DONALD W JR
608 SE 31ST STREET
CAPE CORAL, FL 33990**

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IN THIS SPACE**

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 _____ DATE _____
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**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, DONALD W
STREET ADDRESS	608 SE 31ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VP
NAME	THOMAS, DONALD W
STREET ADDRESS	608 SE 31ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	S
NAME	THOMAS, DONALD W
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TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80040-021 150.00

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IN THIS SPACE**

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

SIGNATURE: Donald W Thomas Jr 3-25-06- (239)691-9887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #