

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065818

FILED
Apr 19, 2007
Secretary of State

Entity Name: DD RISTICK CONCESSIONS, INCORPORATED

Current Principal Place of Business:

1710 N. PARK RD.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

C/O BEN ZIMMER
P.O. BOX 18072
TAMPA, FL 336798072

New Mailing Address:

1710 N. PARK RD
HOLLYWOOD, FL 33021

FEI Number: 59-3610236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMER, BEN F
1924 W. ORIENT ST
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

RISTICK, DUKE
1710 N PARK RD
HOLLYWOOD, FL 33021 US

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: DUKE RISTICK

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RISTICK, DUKE
Address: 1710 N. PARK RD.
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: RISTICK, DOROTHY
Address: 1710 N. PARK RD.
City-St-Zip: HOLLYWOOD, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DUKE RISTICK

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date