

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086365

Entity Name: D & D DEVELOPERS, INC.

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

1906 HI-TECH LANE
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1906 HI-TECH LANE
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 05-0526542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DANNY M
245 LAFITTE CRESCENT
FT WALTON BEACH, FL 32547 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: VOGT, DONNA J
Address: 4806 PINOSA ST
City-St-Zip: NAVARRE, FL 32566

Title: CEO () Delete
Name: FOWLER, DANNY M
Address: 245 LAFITTE CRESCENT
City-St-Zip: FT WALTON BEACH, FL 32547

Title: PRES () Delete
Name: GORDON, DEAN A
Address: 604 LAKEVIEW
City-St-Zip: MARY ESTHER, FL 32569

Title: VP () Delete
Name: FOWLER, SUSAN
Address: 245 LAFITTE CRESCENT
City-St-Zip: FT WALTON BEACH, FL 32547

Title: SEC (X) Delete
Name: VOGT, DONNA J
Address: 3128 ALBERT RAINS AVE
City-St-Zip: BELLEVUE, NE 68123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: VOGT, DONNA J
Address: 1702 BETZ RD
City-St-Zip: BELLEVUE, NE 68005

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

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

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 Section 119.07(3)(i), 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: DONNA VOGT

S/T

05/03/2005

Electronic Signature of Signing Officer or Director

Date