

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000086369

FILED
Nov 02, 2005
Secretary of State

Entity Name: DOUBLE D OF ST. PETE BEACH, INC

Current Principal Place of Business:

9524 BLIND PASS ROAD
SUITE 15
ST. PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

9339 BLIND PASS ROAD
ST. PETE BEACH, FL 33706

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, CLAIRE A
9524 BLIND PASS ROAD
SUITE 13
ST. PETE BEACH, FL 33706 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

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DAVIS, DENNIS F
Address: 9339 BLIND PASS ROAD
City-St-Zip: ST. PETE BEACH, FL 33706

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: DAVIS, REBECCA A VP
Address: 9524 BLIND PASS ROAD (SUITE 15)
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: SEC () Change (X) Addition
Name: DAVIS, SHANNON M SEC
Address: 9524 BLIND PASS ROAD (SUITE 15)
City-St-Zip: ST PETE BEACH, FL 33706 US

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: REGISTERED AGENT/CLAIRE A HANSEN

MRS

11/02/2005

Electronic Signature of Signing Officer or Director

Date