

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90053 017 \*\*\*150.00

**DOCUMENT # P03000020419**

1. Entity Name  
**D & P HOMES INC**



Principal Place of Business  
**1730 FARMERS CROOK  
DELTONA, FL 32738-4501**

Mailing Address  
**1730 FARMERS CROOK  
DELTONA, FL 32738-4501**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1875924</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**MARY ANN, DUKES  
1730 FARMERS CROOK  
DELTONA, FL 32738-4501**

**DO NOT WRITE  
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 Mary Ann Dukes (Mary Ann Dukes) Sec. - Treas. 1/14/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

**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 NAME STREET ADDRESS CITY-ST-ZIP	P DUKES, HARRY L 1730 FARMERS CROOK DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMERI, THOMAS J 1730 FARMERS CROOK DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MARY ANN, DUKES 1730 FARMERS CROOK DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUKES, JOHN L 400 SWALLOW HILL CT 112 Old Rockhampton Rd. CARY, NC 27513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: Mary Ann Dukes, Sec. - Treas. Mary Ann Dukes 1/14/06 (386) 289-8289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #