
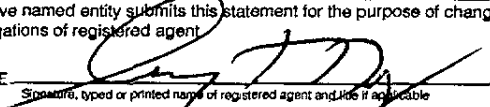



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000031656		
1. Entity Name D & D ACCOUNTING & FINANCIAL SERVICES, INC.		
Principal Place of Business 103 DETROIT AVENUE NE LAKE PLACID, FL 33852	Mailing Address 103 DETROIT AVENUE NE LAKE PLACID, FL 33852	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DARLING, CYNTHIA 103 DETROIT AVENUE NE LAKE PLACID, FL 33852		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  (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and fee if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DARLING, CYNTHIA 103 DETROIT AVENUE NE LAKE PLACID, FL 33852	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/15/05 Daytime Phone # 863-461-4960



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0454198

Applied For
Not Applicable

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

000000188217
01/24/05-80045-019 150.00

**DO NOT WRITE
IN THIS SPACE**