

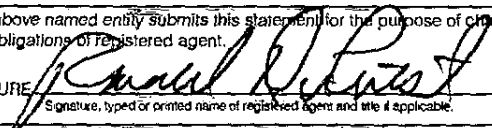
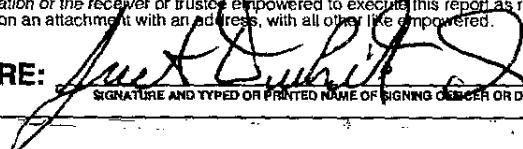


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000036195</b>				
1. Entity Name <b>D &amp; B CONSTRUCTION OF SOUTH FLORIDA INC.</b>				
Principal Place of Business <b>147 WOOD STORK WAY FROSTPROOF, FL 33843</b>	Mailing Address <b>147 WOOD STORK WAY FROSTPROOF, FL 33843</b>			
<div style="text-align: right;">   01312005 No Chg-P CR2E034 (10/03) </div>				
4. FEI Number <b>90-0062989</b>		<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent				
<b>DUPRIEST, RONALD</b> <b>1259 S PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE: </div> <div>(NOTE: Registered Agent signature required when reconstituting)</div> <div>DATE</div> </div>				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	PRES			
NAME	DUPRIEST, JUSTIN			
STREET ADDRESS	147 WOODSTORK WAY			
CITY-ST-ZIP	FROSTTROOF, FL 33843			
TITLE	VP			
NAME	DUPRIEST, RONALD			
STREET ADDRESS	11210 ROCKINGHORSE ROAD			
CITY-ST-ZIP	COOPER CITY, FL 33843			
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)(f), 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: 		2-15-05 954-818-9617 Date Daytime Phone #		

UN00007341610  
04/29/05-80023-008 150.00

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