

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90207 049 \*\*\*150.00

<b>DOCUMENT # P03000101520</b> 1. Entity Name D & D INSTALLATION, INC.					
Principal Place of Business 8409 ROCKRIDGE DRIVE JACKSONVILLE, FL 32244			Mailing Address 8409 ROCKRIDGE DRIVE JACKSONVILLE, FL 32244		
2. Principal Place of Business 2081 S. Chaffee Rd Suite, Apt. #, etc. Lot # 64		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Jacksonville Florida		City & State		4. FEI Number 54-1186564	
Zip 32221		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCCOY, DONALD A 8409 ROCKRIDGE DRIVE JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name <u>McCoy, Michael D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2081 Chaffee Road S. Lot # 64</u> City <u>Jacksonville</u> FL Zip Code <u>32221</u>	
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 <u>Michael D McCoy</u> DATE <u>5-02-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOY, DONALD A 8409 ROCKRIDGE DRIVE JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOY, MICHAEL D 8409 ROCKRIDGE DRIVE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Michael D McCoy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-02-06</u> Daytime Phone # <u>904-339-1114</u>		