


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90411 044 ***150.00

DOCUMENT # P03000110654		
1. Entity Name D & B ENTERPRISES OF LARGO, INC.		

Principal Place of Business 2519 MCMULLEN BOOTH RD. STE. 202 CLEARWATER, FL 33761 US	Mailing Address 2519 MCMULLEN BOOTH RD. STE. 202 CLEARWATER, FL 33761 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>125 W. Klosterman Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Tarpon Springs, FL</i>	
Zip	Country	Zip <i>34689</i>	Country <i>US</i>

40012007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0277940

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent RYDER, DAVID P 125 W KLOSTERMAN RD TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *David P. Ryder* (NOTE: Registered Agent signature required when reinstating) DATE *4/10/07*

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYDER, DAVID P 2519 MCMULLEN BOOTH RD. STE. 202 CLEARWATER, FL 33761 <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another line empowered.

SIGNATURE: *David P. Ryder* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/10/07* (727) 796-3300 Daytime Phone #