# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Feb 17, 2009**
**Secretary of State**

DOCUMENT# P03000112934

**Entity Name:** D & B HOME REPAIRS, INC.

**Current Principal Place of Business:**

1101 PALM BLVD.
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1101 PALM BLVD.
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number: 76-0743313** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DYKES, DAVID
1101 PALM BLVD.
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: DYKES, DAVID
Address: 1101 PALM BLVD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VTD ( ) Delete
Name: DYKES, BARBARA
Address: 1101 PALM BLVD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC ( ) Change (X) Addition
Name: BUTLER, RAYFORD L
Address: 1401 LONG AVE.
City-St-Zip: PORT ST. JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA DYKES VP 02/17/2009

Electronic Signature of Signing Officer or Director — Date