

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116034

Entity Name: D & D DISCOUNT, INC.

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

9119 SYMMES RD  
GIBSONTOWN, FL 33534 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 668  
RIVERVIEW, FL 33568 US

## New Mailing Address:

FEI Number: 59-3201835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIXON, DEBORAH  
9119 SYMMES RD  
GIBSONTOWN, FL 33534 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIXON, DONALD O  
Address: P. O. BOX 668  
City-St-Zip: RIVERVIEW, FL 33568 US

Title: S/T ( ) Delete  
Name: DIXON, DEBORAH  
Address: P. O. BOX 668  
City-St-Zip: RIVERVIEW, FL 33568 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD DIXON

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date