


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000142027		
1. Entity Name D&D ELECTRIC, INC.		

Principal Place of Business 6995 SW 39 ST PALM CITY, FL 34990	Mailing Address PO BOX 1457 PALM CITY, FL 34991
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2. Principal Place of Business - No P.O. Box # 4725 216 <sup>th</sup> St Suite, Apt. #, etc. Lake City FL City & State	3. Mailing Address PO Box 2178 Suite, Apt. #, etc. Lake City FL City & State
Zip 32024	Country Suwanee
Zip 32056	Country Columbia

FILED

07 JAN 17 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0466898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RALPH, DAVID R 6995 SW 39 ST PALM CITY, FL 34990	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4725 216 <sup>th</sup> St City Lake City FL Zip Code 32024
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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 R. Ralph* (NOTE: Registered Agent signature required when reinstating) DATE: 1-17-07

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	500086140055 01/24/07--01035--003 **150.00
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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 RALPH, DAVID R 6995 SW 39 ST PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4725 216 <sup>th</sup> St Lake City FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RALPH, DORIS A 6995 SW 39 ST PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4725 216 <sup>th</sup> St Lake City FL 3024 <input checked="" 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: *David R. Ralph* DATE: 1-17-07 386 935-2473