

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P03000146630

1. Entity Name
D&R CONTRACTORS, INC.



Principal Place of Business
**9430 ORME ROAD
JACKSONVILLE, FL 32220**

Mailing Address
**9430 ORME ROAD
JACKSONVILLE, FL 32220**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0489510	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

**JOHNSON, RAYMOND R
9430 ORME ROAD
JACKSONVILLE, FL 32220**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000889597
04/22/08-80059-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	JOHNSON, RAYMOND R
STREET ADDRESS	9430 ORME ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32220

TITLE	S
NAME	STRINGFIELD, DARRELL D
STREET ADDRESS	9475 OLD PLANK ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32220

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08
Date

Daytime Phone #