

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000151517 1. Entity Name D & M AUTOS INC.					
Principal Place of Business 2838 LAND O LAKES BLVD LAND O LAKES FL 34639			Mailing Address 2810 TORRANCE DR LAND O LAKES FL 34638		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 16-1688884	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARP, DARRELL 2810 TORRANCE DR LAND O LAKES FL 34638				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>Darrell Harp Pres</i> <i>Darrell H</i> 2-13-06 Signature, typed or printed name of registered agent and I to it applicable (Not Registered Agent signature required when remaining)				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARP, DARRELL 2810 TORRANCE DR LAND O LAKES FL 34638	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000434803 02/25/06-80016-022 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARP, MAURA 2810 TORRANCE DR LAND O LAKES FL 34638	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Darrell Harp Pres</i> 2-13-06 813-568-4000					