

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056495

Entity Name: D & D ENVIROCARE, INC.

FILED  
Feb 06, 2005  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 303  
CLEARWATER, FL 33757 US

## Current Mailing Address:

P.O. BOX 303  
CLEARWATER, FL 33757 US

## New Principal Place of Business:

5265 E BAY DRIVE  
UNIT #522  
CLEARWATER, FL 33764 US

## New Mailing Address:

5265 E BAY DRIVE  
UNIT #522  
CLEARWATER, FL 33764 US

FEI Number: 20-0947228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABIT, DAVID N  
5265 E. BAY DRIVE  
UNIT#522  
CLEARWATER, FL 33764 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: JACKSON, DALE S  
Address: P.O. BOX 303  
City-St-Zip: CLEARWATER, FL 33757 US

Title: VP (X) Delete  
Name: CABIT, DAVID N  
Address: 5265 E. BAY DRIVE #522  
City-St-Zip: CLEARWATER, FL 33764 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNR (X) Change ( ) Addition  
Name: CABIT, DAVID N  
Address: 5265 E BAY DRIVE, UNIT #522  
City-St-Zip: CLEARWATER, FL 33764 US

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 Section 119.07(3)(i), 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: DAVID N. CABIT

OWNR

02/06/2005

Electronic Signature of Signing Officer or Director

Date