

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90198 001 ***150.00
04-26-2005 90198 002 *****8.75

DOCUMENT # P04000081498			
1. Entity Name D & B TRANSPORTATION, INC			
Principal Place of Business 2722 BAY STREET GULF BREEZE, FL 32563		Mailing Address 2722 BAY STREET GULF BREEZE, FL 32563	
2. Principal Place of Business 2672 Settlers Colony Blvd Suite, Apt. #, etc.		3. Mailing Address 2672 Settlers Colony Blvd Suite, Apt. #, etc.	
City & State Gulf Breeze FL Zip 32563 Country Santa Rosa		City & State Gulf Breeze FL Zip 32563 Country USA	
4. FEI Number 51-0509563		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 MCGRAW, ROBERT O 2722 BAY STREET GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Robert O McGraw</u> DATE: <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VP NAME: MCGRAW, ROBERT O STREET ADDRESS: 2722 BAY STREET CITY-ST-ZIP: GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE: VP NAME: MCGRAW Robert O STREET ADDRESS: 2672 Settlers Colony Blvd CITY-ST-ZIP: Gulf Breeze FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: VP NAME: MCCOOL, DEBORAH J STREET ADDRESS: 2722 BAY STREET CITY-ST-ZIP: GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE: VP NAME: MCCOOL Deborah J STREET ADDRESS: 2672 Settlers Colony Blvd CITY-ST-ZIP: Gulf Breeze FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	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
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Robert O McGraw</u>		Date: <u>4-20-05</u> Daytime Phone #: <u>850 934-8672</u>	