

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90066 008 ***150.00

DOCUMENT # P04000143196

1. Entity Name

D & D CONCRETE FINISHING INC



Principal Place of Business

8897 W. TRADEWAYS CT
HOMOSASSA FL 34448

Mailing Address

8897 W. TRADEWAYS CT
HOMOSASSA FL 34448

2. Principal Place of Business

3. Mailing Address

P.O. Box 2507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homosassa Springs, FL

Zip

Country

Zip

Country

34447

Citrus

4. FEI Number

20-1757944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMP, TIM
3901 S. MISSOURI DR
HOMOSASSA FL 34448

→ mistake on
street name
Correct →

Name

Camp Tim

Street Address (P.O. Box Number is Not Acceptable)

3901 S. Missouri Dr.

City

Homosassa

FL

Zip Code

34448

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DUMAL, KEVIN M
STREET ADDRESS 6019 W HOLIDAY ST
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE VP ☐ Delete
NAME DANFORD, DAVID J
STREET ADDRESS 2979 W GLEN ST
CITY-ST-ZIP LECANTO FL 34460

TITLE S ☐ Delete
NAME CAMP, TIM
STREET ADDRESS 3901 S MISSOURI DR
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Tim Camp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05 352-628-0184

Date

Daytime Phone #