## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



Zip   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Addit   \$8	DOCUMENT # P05000097722  1. Entity Name DOUBLE D & M ENTERPRISE, INC.							04-25-2006 9	90107 011 ***1:	58.75	
Sulfe, Apl. 4, etc.    City & State   City & City & State   City & State   City &	8340 WEST I	HIGHWAY 98A	8340 WEST HIGHWAY 98A					*	. BENING HANN NA DIE KORKE NIETE	410(20) (1 188)	
City & State  Ci	2. Principal Place of Business		3. Mailing Address								
Zip Country Zip Country s. Certificate of Status Desired X \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name and A	, Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212006	Chg-P	CR2E034 (11/05	)		
Second   S	City & State		City & State				4. FEI Numbe	12 8265		Applied For Not Applicable	
STORMAND CITY, FL 32401   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip Coun		try				nk \$8.75 A		
JOHN R. GREEN, P.A. 316 WEST 11TH STREET PANAMA CITY, FL. 32401  Street Address (P.O. Box Numbers labt Acceptable)  Street Address (P.O. Box Numbers labt Acceptable)  City Panama City Pach FL 78 Code  City Pa		6. Name and Address of Current I	Registered Agent				7. Name and	Address of New Re	egistered Agent		
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, as the obligations of registered agent.  SIGNATURE    Multiplicity   March   Mar	316 WEST 11TH STREET					Mclanie Durham Street Address (P.O. Box Number is Not Acceptable)					
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, as the obligations of registered agent.  SIGNATURE MULLIPERAM MULLIPERAM MULLIPERAM MULLIPERAM MALE AND DIRECTORS MOTOR Properties agent and tise if applicable. (NOTE: Registered Agent signature required summer retrials(s))  PILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   10. OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIREC						hnai	macity	Beach	FL Zip Co	7408	
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    11. ADDITIONS/CHANGES TO OFFICE TO OFF	the obligations of registered agent.  SIGNATURE Melanie Durham Melanie Durhan 4/21/06										
TITLE NAME DURHAM, MELANIE H OURHAM, DOUGLAS H O	FILE NOVIII FEE IS \$ 150.00										
NAME STREET ADDRESS CITY-ST-ZIP SMYRNA BEACH, FL 300823657  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SMYRNA BEACH, FL 300823657  TITLE NAME STREET ADDRESS CITY-ST-ZIP SMYRNA BEACH, FL 300823657  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME  TITLE NAME NAME NAME  TITLE NAME NAME NAME  TITLE NAME NAME  TITLE NAME NAME NAME  TITLE NAME NAME	10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	STREET ADDRESS	4014 UNION WALK CIRCLE SE s		STRE	ET ADDRESS	Durham, Melanie H 2706 leuwood 57 Panama City Brach FL 3			<b>3</b> ም		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME	DURHAM, DOUGLAS H		NAME	E	Durham, Douglas H		oglas H	•	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP	SMYRNA BEACH, FL 300823657		CITY-	·ST-ZIP	Pan	ama Cit	4 Beach	2 3 2408		
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CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE	E Et <b>address</b>				☐ Change	Addition	

12. I hereby certify that the information supplied with this filting 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 appointers, with all other like empowered.

SIGNATURE: \_

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-249-6753