2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000168408

1. Entity Name

DOUBLE D GREENS, INC.



FILED Mar 10, 2008 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

5865 LAKE WINONA RD DELEON SPRINGS, FL 32130 Mailing Address

5865 LAKE WINONA RD DELEON SPRINGS, FL 32130



| DO NOT WRITE IN THIS SPACE | | | | | | | |
|--|--------------------------------------|-------------|---|---|------------------------|--------------|--|
| | | | | 02292008 No Chg-P CR2E034 (11/05) | | | |
| L | O NOI WRITE II | CE | 4. FEI Number | | | Applied For | |
| ing the state of the | | | May Kitting of | 20-4820 | 0891 | ėo: | Not Applicable |
| | | | | 5. Certificate of | of Status Desired | | 75 Additional Required |
| , , , , , , | 6. Name and Address of Current Regis | tered Agent | | . , | | Sold Kinkers | C-035792284-7 |
| | |] | 1 | | | | |
| BIRDWELL, DONALD 5685 LAKE WINONA RD | | | | DO | NOT W | RITE | |
| DE LEON SPRINGS, FL 32130 | | | | | | | |
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| | | | | | | | nies wie ge |
| 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 Age | | | | when reinstalling) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | 20.00 \$ E | 00 | | | |
| | | | | .00 May Be ed to Fees | | | |
| | | | | | * | 1965 | Mark Control of the C |
| 10. | OFFICERS AND DIREC | CTORS | - | th Na in the | | | |
| TITLE NAME | BIRDWELL, DONALD E | | · ; | | P 16 15 2 16 19 5 7 48 | terior | ici de la compa |
| STREET ADDRESS | 5685 LAKE WINONA ROAD | | | | artific 1795, 38 | | |
| CITY-ST-ZIP | DELEON SPRINGS, FL 32130 | | | | . Unaíona | ດແລລຄາ 🐫 | |
| TITLE | S | | _ | * | - U00000 - 03/26/08 | 80026-00 | 9 150.00 _* |
| NAME | BIRDWELL, KAREN W | | ι, | | | 300 | |
| STREET ADDRESS | 5865 LAKE WINONA ROAD | | | | | | |
| CITY-ST-ZIP | DELEON SPRINGS, FL 32130 | | | * * * * * * * * * * * * * * * * * * * | Satisfies to the sat | | |
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| STREET ADDRESS CITY-ST-ZIP | | | | 1 | | | |
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| NAME | | | • | ,, . | | | |
| STREET ADDRESS | | | * * * * * * * * * * * * * * * * * * * | | | | |
| CITY-ST-ZIP | | | _ | | | | |
| TITLE | | • | · | | 1.7 | | |
| NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | ş | | | | | | |
| 12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered. | | | | | | | |