

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

01-16-2007 90259 047 ***150.00

DOCUMENT # P06000025351 1. Entity Name D & B HOME CONSTRUCTION, INC					
Principal Place of Business 3823 HOLLOW CROSSING DRIVE ORLANDO, FL 32817 US			Mailing Address 3823 HOLLOW CROSSING DRIVE ORLANDO, FL 32817 US		
2. Principal Place of Business - No P.O. Box # 4464 TUSCANY ISLAND CT Suite, Apt. #, etc.		3. Mailing Address 4464 TUSCANY ISLAND CT. Suite, Apt. #, etc.			
City & State WINTER PARK FLORIDA Zip 32792		City & State WINTER PARK FLORIDA Zip 32792		4. FEI Number 20-4352771	
Country SEMONILE		Country SEMONILE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN, DAVID 3823 HOLLOW CROSSING DRIVE ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name VAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 4464 TUSCANY ISLAND CT. City WINTER PARK FL Zip Code 32792		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P, D VAN, DAVID 3823 HOLLOW CROSSING DRIVE ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4464 TUSCANY ISLAND CT. WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D VAN, BRIAN 902 SPRING ISLAND WAY ORLANDO, FL 32828		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	
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	
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	
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.					
SIGNATURE: <u>David J. Van</u> DAVID VAN - PRESIDENT 1/09/07 (407) 252-7993 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					