## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P06000046488** 03-07-2007 90005 038 \*\*\*158.75 1. Entity Name D & D CONCRETE, INC. Mailing Address Principal Place of Business 411130491 2033 GARWOOD DRIVE 2033 GARWOOD DRIVE ORLANDO, FL 32822 ORLANDO, FL 32822 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 CR2E034 (12/06) 4. FEI Number 20-4603112 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEDELLIN, DANIEL P Street Address (P.O. Box Number is Not Acceptable) 2033 GARWOOD DRIVE ORLANDO, FL City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 $\Box$ Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change ■ Addition TITLE □ Delete MEDELLIN, DANIEL P NAME NAME 2033 GARWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP VΡ Change ☐ Addition TITLE ☐ Delete TITLE NAME MEADOWS, DANNY NAME STREET ADDRESS 1839 BARKSDALE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32822 Delete THTLE Change Addition TITLE MEDELLIN, DANIEL P NAME NAME STREET ADDRESS 2033 GARWOOD DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MEDELLIN, DANIEL P NAME NAME STREET ADDRESS 2033 GARWOOD DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Mar 07, 2007 8:00 am