

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90424 038 ***150.00



DOCUMENT # P92000010956

1. Entity Name

D & D UPHOLSTERY, INC.

Principal Place of Business

~~1450 HWY 98 W~~
 MARY EASTER FL 32569

US 2881 OLA BROXSON RD
NAVARRE FL 32566 USA

Mailing Address

2881 OLA BROXSON RD
 NAVARRE FL 32566



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3171702

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROXSON, ALVIN R
 2881 OLA BROXSON RD
 NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 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 Delete

NAME: BROXSON, ALVIN R
 STREET ADDRESS: 2881 OLA BROXSON RD
 CITY-ST-ZIP: NAVARRE FL 32566

TITLE Delete

NAME: ST
 STREET ADDRESS: BROXSON, ROSE J
 CITY-ST-ZIP: 2881 OLA BROXSON RD NAVARRE FL 32566

TITLE Delete

NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
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 CITY-ST-ZIP

TITLE Change Addition

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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alvin R. Broxson* **Alvin R. Broxson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

850-936-0992

Date

Daytime Phone #