2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # P93000006690** D & D HAULING, INC. Principal Place of Business Mailing Address 13275 MADISON AVENUE 13275 MADISON AVENUE **LARGO FL 33773 LARGO FL 34643** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FLI Number 59-3190059 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNLOP, DAN Street Address (P.O. Box Number is Not Acceptable) 13275 MADISON AVE LARGO FL 33773 City 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. Lam lamiliar with, and access 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) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Detete TITLE ☐ Change AACC DUNLOP, DAN NAME MAME STREET ADDRESS 13275 MADISON AVENUE STRECT ADDRESS U000000498112 CITY - ST-ZIP **LARGO FL 33773** CITY-ST-ZIP 04/22/06-80081-014 150.00 TITLE ☐ Delete MLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nne Change ☐ Addition NAME NAME STREET ADDRESS STRLE! ADDRESS C17Y -57-21P CITY-SI-ZIP TITLE Delete TOTLE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CHY-SI-IN CITY-ST-7IP TITLE Detete TUTCE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 it made under path, that I am an officer or director of the corporation or the receiver or thistee 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.

NIEL DUNLOP

SIGNATURE:

FILED

727/586-6416