## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P93000080574 -1. Entity Name 04-18-2006 90079 009 \*\*\*150.00 D & W MANAGEMENT, INC. Principal Place of Business Mailing Address 11219", ABBEY PLAZA SPRING HILL DR? 11219 ABBEY PLAZA SPRING HILL DR SPRING HILL FL 34609 SPRING HILL FL 34809 2. Principal Place of Business 3. Mailing Address 4415 1 DITIE CT Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) SPEING 的U City & State 4. FEI Number Applied For 59-3211937 FC. Not Applicable Country \$8.75 Additional Country 5: Certificate of Status Desired 34607 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUSCINO, DEBBIE A-Number is Not Acceptable <del>11219 SPRÎNG HILL DR</del> SPRING HILL FL 34609 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. WAYNE B. BRUSCIND (NOTE: Registered Agent signature required when roinstating) ted name of registered agent and titlo it applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE □ Detete Change Change ☐ Addition NAME BRUSCINO, DEBBIE A NAME STREET ADDRESS STREET ADDRESS 11219 ABBEY PLAZA SPEING HILL DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Delete Change ☐ Addition BRUSCINO, WAYNE B NAME NAME STREET ADDRESS STREET ADDRESS 11219 ABBEY PLAZA SPRINGS HILL DR CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME BRUSCINO, CHRISTOPHER W STREET ADDRESS STREET ADDRESS 4415 DOTTIE CT. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 ☐ Delete TITLE ☐ Change ■ Addition TITLE BRUSCINE, ERIC D NAME NAME STREET ADDRESS 4415 DOTTIE CT. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 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

**FILED** 

if changed, or on an attachment with an address, with all other like empowered. WAYNEB BRUSCIND Res. 3/1/06 (352)650-6547 SIGNATURE: Wane B. Bruscine

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