2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME

May 03, 2004 8:00 am DOCUMENT # P94000019446 **Secretary of State** 1. Entity Name 05-03-2004 90463 027 ***150.00 D & D UTILITIES, INC. Principal Place of Business Mailing Address 5911 SW 21ST ST. 5911 SW 21ST ST. HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 5821 SW21 ST. STREET Suite, Apt. #, etc. CR2E034 (11/03) tollywood City & State 4. FEI Number Applied For 65-0471744 3 3023 Not Applicable \$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 DWYER, JAMES 5911 SW 21ST ST. Street Address (P.O. Box Number is Not Acceptable) **HOLLYWOOD FL 33023** 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. I am familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Delete TITLE Addition owyer James NAME DWYER, JAMES NAME STREET ADDRESS 3113 HARRISON ST. STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 of tricksee exprowered 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. 12. I hereby certify that the information supplied y

NING OFFICER OR DIRECTOR

FILED

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