

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 006 ***150.00

DOCUMENT # P94000022896

1. Entity Name
ED & D INC.



Principal Place of Business
36 GRAHAM AVE
OVIEDO, FL 32765 US

Mailing Address
807 WOODS RD
CAMBRIDGE, MD 21613 US

40080497



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2499741

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

BATEMAN, DAVID E
36 GRAHAM AVE
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name Corporation Service Company

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

1201 Hays Street

City Tallahassee

FL

Zip Code

32301-2525

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KARR, DENNIS K
STREET ADDRESS 807 WOODS RD
CITY-ST-ZIP CAMBRIDGE, MD 21613

TITLE D ☒ Delete
NAME HEALY, ROBERT P
STREET ADDRESS 807 WOODS RD
CITY-ST-ZIP CAMBRIDGE, MD 21613

TITLE D ☒ Delete
NAME MURRAY, TIMOTHY M
STREET ADDRESS 807 WOODS RD
CITY-ST-ZIP CAMBRIDGE, MD 21613

TITLE D ☒ Delete
NAME BLANK, ROBERT D
STREET ADDRESS 807 WOODS RD
CITY-ST-ZIP CAMBRIDGE, MD 21613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Jeff Farrero
STREET ADDRESS 807 Woods Road
CITY-ST-ZIP Cambridge, MD 21613

TITLE D ☐ Change ☒ Addition
NAME Brunt Hollenbeck
STREET ADDRESS 807 Woods Road
CITY-ST-ZIP Cambridge, MD 21613

TITLE D ☐ Change ☒ Addition
NAME George Dappert
STREET ADDRESS 807 Woods Road
CITY-ST-ZIP Cambridge, MD 21613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Dappert

4/25/07 410-221-9535