

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90073 005 \*\*\*150.00

**DOCUMENT # P95000005374**

1. Entity Name  
DD ENGINE SERVICE, INC.



Principal Place of Business  
5539 CHEYENNE  
HOLIDAY, FL 34690 US

Mailing Address  
5539 CHEYENNE  
HOLIDAY, FL 34690 US



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3292638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DOYLE, WILLIAM F  
5539 CHEYENNE DRIVE  
HOLIDAY, FL 34690

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, WILLIAM F 5539 CHEYENNE HOLIDAY, FL 34690
------------------------------------------------	-------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** William F. Doyle Wm F Doyle 12704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #