

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 22, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P95000049823**

1. Entity Name  
**D & D ENTERPRISES OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**3525 W. LAKE MARY BLVD.  
SUITE #305  
LAKE MARY, FL 32746**

Mailing Address  
**3525 W. LAKE MARY BLVD.  
SUITE #305  
LAKE MARY, FL 32746**



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3333970</b>	Applied For <input type="checkbox"/> 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**

**BURTON, DIANA M  
3525 W. LAKE MARY BLVD.  
SUITE #305  
LAKE MARY, FL 32746**

**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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000324290  
04/22/05-80089-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MENARD, DEBRA
STREET ADDRESS	1402 N GRANT ST
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	VP
NAME	BURTON, DIANA
STREET ADDRESS	2315 ELSINORE AVE
CITY-ST-ZIP	WINTER PARK, FL 32792

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)(i), 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

**DIANA BURTON**

**4-20-05**

Date

**407.323.6527**

Daytime Phone #