2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90284 045 ***150.00

DOCUMENT # P96000040925

1. Entity Name
D & D INVESTMENTS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
21460 CORKSCREW WOODLANDS BLVD ESTERO, FL 33928	21460 CORKSCREW WOODLANDS BLVD ESTERO, FL 33928 US

03232004 Chg-P CR2E034 (10/03)

	2. Principal Place of Business	3. Mailing Address
Street	42 Barkley Circle	42 Barkley Circle
Suite, Apt. #, etc.	#3	#3
City & State	Fort Myers, FL	Fort Myers, FL
Zip	33907	33907
Country	USA	USA

4. FEI Number 65-0700687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD L
21460 CORKSCREW WOODLANDS BLVD.
ESTERO, FL 33928

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 42 Barkley Circle #3
City Fort Myers FL Zip Code 33907

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DPS DAVIS, RONALD L 21460 CORKSCREW WOODLANDS BLVD ESTERO, FL ☐ Delete	☒ Change ☐ Addition 42 Barkley Circle #3 Fort Myers, FL 33907
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVT D'ANDREA, ROBERT L 21460 CORKSCREW WOODLANDS BLVD ESTERO, FL ☐ Delete	☒ Change ☐ Addition 42 Barkley Circle #3 Fort Myers, FL 33907
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	☐ Change ☐ Addition

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] 4.13.04 239-277-1101
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR~~ DIRECTOR Date Daytime Phone #