

ANNUAL REPORT

DOCUMENT # P98000022857

1. Entity Name
D AND T, INC.

Principal Place of Business
9901 PINES BLVD
PEMBROKE PINES, FL 33024 US

Mailing Address
9901 PINES BLVD
PEMBROKE PINES, FL 33024 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

201 S.E. 15 TERRACE

Suite 212

DEERFIELD BEACH, FL

33441

USA



01252004 Chg. R. 10/03 GR25034 (10/03)

4. FEI Number

55-0819279

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUTLER, CHARLES L
3320 WASHINGTON ST
COOPER CITY, FL 33026

Name LAWRENCE E. MULLINS, CPA

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

201 S.E. 15 TERRACE Suite 212

(33441)

City DEERFIELD BEACH, FL

Zip Code 33441

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

Laurence E. Mullins

LAWRENCE E. MULLINS, CPA

DATE

3/5/04

(NOTE: Registered Agent signature required when reinstating)

**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 11

TITLE P
NAME CUTLER, CHARLES L
STREET ADDRESS 3320 WASHINGTON LN
CITY-ST-ZIP COOPER CITY, FL 33026 ☐ Delete

TITLE V.P.
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME CUTLER, EDWARD
STREET ADDRESS 6204 PARADISE POINT DR
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

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

TITLE S
NAME FERREIRA, MICHAEL J
STREET ADDRESS 4120 STAGHORN LN
CITY-ST-ZIP WESTON, FL 33331 ☐ Delete

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

TITLE T
NAME FERREIRA, JOSEPH
STREET ADDRESS 9381 NW 18 MANOR
CITY-ST-ZIP PLANTATION, FL 33322 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Edward L. Cutler

EDWARD L. CUTLER, MD. 1/26/04 305-274-9274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #