## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 08:00 AM **DOCUMENT # P98000040161 Secretary of State** D & D OF SW FLORIDA, INC. Mailing Address Principal Place of Business 3751 TAMIAMI TRAIL EAST 3751 TAMIAMI TRAIL EAST NAPLES, FL 34112 NAPLES, FL 34112 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3517422 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PINTER, MICHAEL R ESQ DO NOT WRITE 4328 CORPORATE SQUARE SUITE C IN THIS SPACE NAPLES, FL 34104 3. 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 take 4 applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 000000137795 <u>/29/04-80056-006</u> Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. D TITLE BROWN, R D JR. MAKE 3751 TAMIAMI TRAIL EAST STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP D TITLE BROWN, DEBRA NAME STREET ADDRESS 3751 TAMIAMI TRAIL EAST CITY-ST-78P NAPLES, FL 34112 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CMY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP IITLE 5145EF STREET ADDRESS CITY-ST-DP

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

4-27-04 239-793-7461

Daytime Phone #

**FILED**