2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P98000058884** Jul 08, 2004 08:00 AM 1. Entity Name D AND R ASSOCIATES ENTERPRISES, INC. **Secretary of State** Principal Place of Business Mailing Address 4 POPLAR DRIVE 5368 S. SUNCOAST BLVD. HOMOSASSA, FL 34447 HOMOSASSA, FL 34446 المرابع بالمتعارف والمتحارف والمتحارف والمتحارف والمتحارف والمتحارف والمتحارف 07052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Not. 65-0848373 \$8.75 Addiii 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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, 🚁 the obligations of registered agent. Signature, typed or printed risms of registured agent and title II applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.: FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior re-Added to Fees Due by September 8, 2004 to. OFFICERS AND DIRECTORS TALE NAME GOLASH, DUANE U00000164271 STREET ADDRESS 4 POPLAR DRIVE 07/03/04-80002-006 150.00 CITY-ST-ZIP HOMOSASSA, FL. 34446 SVD TITLE GOLASH, ROYANNE NAME STREET ADDRESS 4 POPLAR DRIVE CITY-ST-ZIP HOMOSASSA, FL 34446 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information control 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 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 8% changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PERSON NAME OF SIGNIFIC OF SIGNI