


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 A.
Secretary of State

DOCUMENT # P98000058884	
1. Entity Name D AND R ASSOCIATES ENTERPRISES, INC.	

Principal Place of Business 5368 S. SUNCOAST BLVD. HOMOSASSA, FL 34447	Mailing Address 4 POPLAR DRIVE HOMOSASSA, FL 34446
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05162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLASH, DUANE 4 POPLAR DRIVE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GOLASH, ROYANNE 4 POPLAR DRIVE HOMOSASSA, FL 34446
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Duane R Golash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

Daytime Phone #