2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000065512

1. Entity Name
2D & H, INC.

Principal Place of Business	Mailing Address
412 E. MADISON STREET #1000 TAMPA, FL 33602	P.O. BOX 48668 SAINT PETERSBURG, FL 33743-8618 US

DO NOT WRITE IN THIS SPACE

04272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3524185	Not Applicable

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

6. Name and Address of Current Registered Agent

DOLAN, MARK
412 E. MADISON STREET
#1000
TAMPA, FL 33602

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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_____

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, 2005 Fee will be **$550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000345685 04/30/05-80046-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARSHLACK, DAVID G
STREET ADDRESS	11140 7TH STREET E.
CITY-ST-ZIP	TREASURE ISLAND, FL 33706

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/27/05   8152737224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #