


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000068898
 1. Entity Name
D & D AUTO & FLEET, INC.



Principal Place of Business: **6211 BLANDING BLVD. JACKSONVILLE FL 32244**
 Mailing Address: **1163 EAGLE BEND CT. JACKSONVILLE FL 32226**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-3528640** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent: **PEEK, DAVID H 1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE FL 32207**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: KORNEGAY, JOHN F | |
| STREET ADDRESS: 1163 EAGLE BEND CT. | |
| CITY-ST-ZIP: JACKSONVILLE FL 32226 | |
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: KORNEGAY, LAVINIA L | |
| STREET ADDRESS: 1163 EAGLE BEND CT. | |
| CITY-ST-ZIP: JACKSONVILLE FL 32226 | |
| TITLE: V | <input type="checkbox"/> Delete |
| NAME: VARNEY, DEBBIE | |
| STREET ADDRESS: 6211 BLANDING BLVD. | |
| CITY-ST-ZIP: JACKSONVILLE FL 32244 | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Debbie Varney **4/15/05 904 777-8115**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #