
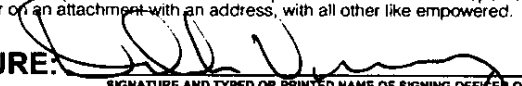


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 020 ***158.75

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 - No P.O. Box #		3. Mailing Address 3435 Sara Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL	
Zip	Country	Zip 32277	Country Duval
6. Name and Address of Current Registered Agent		4. FEI Number 59-3528640	
PEEK, DAVID H 1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE, FL 32207		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNEGAY, LAVINIA L	NAME	
STREET ADDRESS	1163 EAGLE BEND CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNEY, DEBBIE	NAME	
STREET ADDRESS	6211 BLANDING BLVD.	STREET ADDRESS	3435 Sara Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32244	CITY-ST-ZIP	Jacksonville FL 32277
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MARK T. Varney
STREET ADDRESS		STREET ADDRESS	3435 Sara Dr
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 3/31/08 Daytime Phone #: 904 777-5115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	