2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # P98000097406 1. Entity Name 02-11-2004 90032 008 \*\*\*150.00 D&D MODULAR SERVICES, INC. Principal Place of Business Mailing Address 22619 HORIZON VISTAS 22619 HORIZON VISTAS 94013892 EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number Applied For 59-3543072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DINKINS, PAUL 22619 HORIZON VISTAS EUSTIS FL 32736 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 rainstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD **PSTD** TITLE Delete TITLE Change ☐ Addition Charles Dinkins DINKINS, PAUL NAME NAME 33216 Oakwood Road STREET ADDRESS 667 O'LEARY COURT STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP Fla 32720 ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MANIE NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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.

FILED