

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90211 050 ***150.00

DOCUMENT # P98000097406					
1. Entity Name D&D MODULAR SERVICES, INC.					
Principal Place of Business 33216 OAKWOOD RD. DELAND, FL 32720			Mailing Address 33216 OAKWOOD RD. DELAND, FL 32720		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite Apt # etc.			Suite Apt # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3543072			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DINKINS, CHARLES 33216 OAKWOOD ROAD DELAND, FL 32720			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 renouncing) Signature typed or printed name of registered agent, etc. (if applicable) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DINKINS, CHARLES 33216 OAKWOOD ROAD DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>Charles Dinkins</i> Charles Dinkins			4/23/07 407-448-3287		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		