2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033407

Address:

City-St-Zip:

6816 SW SENTRY RD

ARCADIA, FL 34269

Entity Name: D & D DRIVEWAY SPECIALISTS, INC

FILED Jan 31, 2005 Secretary of State

y		TOTAL CONTROL OF THE STATE OF T			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9325 SW L ARCADIA,	IPE ST FL 34266		9325 SW LIPE ST ARCADIA, FL 34269		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9325 SW L ARCADIA,	_IPE ST FL 34266		9325 SW LIPE ST ARCADIA, FL 34269		
FEI Number	: 65-0909271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BIEHL, KA 9325 SW I ARCADIA,		US	BIEHL, KATHY 9325 SW LIPE ST ARCADIA, FL 34269	US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				01/31/2005	
	Electro	onic Signature of Registered Age	nt	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BIEHL, KATHY 9325 SW LIPI ARCADIA, FL	E ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DAUGHTREY, 6816 SW SEN ARCADIA, FL	ITRY RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (DAUGHTREY.) Delete . DWIGHT	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KATHY BIEHL D 01/31/2005