

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90012 017 \*\*\*150.00

<b>DOCUMENT # P99000105407</b> 1. Entity Name <b>D AND T REALTY HOLDING COMPANY, INC.</b>					
Principal Place of Business <b>39 NW IRWIN AVE. W. MELBOURNE, FL 32904</b>			Mailing Address <b>39 NW IRWIN AVE. W. MELBOURNE, FL 32904</b>		
2. Principal Place of Business <b>1124 W New Haven Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1124 W New Haven Ave</b> Suite, Apt. #, etc.			
City & State <b>W Melbourne FL</b> Zip <b>32904</b> Country <b>USA</b>		City & State <b>W Melbourne FL</b> Zip <b>32904</b> Country <b>USA</b>		4. FEI Number <b>59-3628710</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NARMORE, DONNIE R 39 NW IRWIN AVE. W. MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NARMORE, DONNIE R 39 NW IRWIN AVE. W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARUSO, ANTHONY 2010 VALLY RD VALKARIA, FL 32950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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.			SIGNATURE: <u>Donnie Narmore</u> Date <u>1-9-04</u> Daytime Phone # <u>321 7253180</u>		