


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90457 034 \*\*\*\*50.00  
05-31-2005 90008 037 \*\*\*100.00

<b>DOCUMENT # S56268</b> 1. Entity Name <b>D &amp; W INVESTMENTS OF PENSACOLA, INC.</b>	
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Principal Place of Business <b>3291 WILDE LAKE BLVD. PENSACOLA, FL 32526</b>	Mailing Address <b>3291 WILDE LAKE BLVD. PENSACOLA, FL 32526</b>
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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3090789</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  <b>ELLIOTT, JOE 3291 WILDE LAKE BLVD. PENSACOLA, FL 32526</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRICKA, ALBERT 1000 WEST MORENO STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, HAROLD D 4218 BURTONWOOD DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIOTT, JOE 3291 WILDE LAKE BLVD. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-26-05</b> <small>Date</small>	<b>850-944-0272</b> <small>Daytime Phone #</small>
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