2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S99883

1. Entity Name
D & D FOODS, INC.

Principal Place of Business	Mailing Address
6255 NW 77 PL PARKLAND, FL 33067	6255 NW 77 PL PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0307228	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KINNI, DARBY
6255 NW 77 PL
PARKLAND, FL 33067

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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
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstaling)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KINNI, JEFF
STREET ADDRESS	6255 NW 77 PL
CITY-ST-ZIP	PARKLAND, FL
TITLE	D
NAME	KINNI, DARBY
STREET ADDRESS	6255 NW 77 PL
CITY-ST-ZIP	PARKLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Darby Kinni_   _Darby Kinni_   5-1-04   954-943-166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #