

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 469553

Entity Name: DLIC, INC.

FILED
Jan 16, 2004
Secretary of State

Current Principal Place of Business:

8014 SW 135TH ST. RD.
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

8014 SW 135TH ST. RD.
SUITE 700
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 59-1637468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, BETH SMITH
8014 SW 135 STREET ROAD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

FISHER, BETH
8014 SW 135 STREET ROAD
OCALA, FL 34473 US

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.

SIGNATURE: BETH FISHER

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAM, ANTONY
Address: 8014 SW 135TH ST. RD.
City-St-Zip: Ocala, FL 34473

Title: TD () Delete
Name: MOORE, ROBERT
Address: 8014 SW 135TH ST. RD.
City-St-Zip: Ocala, FL 34473

Title: SD () Delete
Name: FISHER, BETH
Address: 8014 SW 135TH ST. RD.
City-St-Zip: Ocala, FL 34473

Title: V () Delete
Name: ARUNSKI, ROBERT W
Address: 8014 SW 135 ST RD
City-St-Zip: Ocala, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BETH FISHER

SD

01/16/2004

Electronic Signature of Signing Officer or Director

Date