

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90030 038 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000059743			
1. Entity Name DIVERSIFIED LENDING AND INVESTMENTS, INC.			
Principal Place of Business 1374 WEST PORTILLO DRIVE DELTONA, FL 32725		Mailing Address 1374 WEST PORTILLO DRIVE DELTONA, FL 32725	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-3699342		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUACKENBUSH, NATOSHA 1374 WEST PORTILLO DRIVE DELTONA, FL 32725		7. Name and Address of New Registered Agent Name QUACKENBUSH, NATOSHA Street Address (P.O. Box Number is Not Acceptable) 1988 SAXON BLVD. City DELTONA FL Zip Code 32725	
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: <u>Natasha Quackenbush</u> DATE: <u>1/5/05</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	OD QUACKENBUSH, NATOSHA 1374 WEST PORTILLO DRIVE DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	9/010 QUACKENBUSH, NATOSHA 1988 SAXON BLVD. DELTONA, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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>Natasha Quackenbush</u>		DATE: <u>1/5/05</u>	FILE NO. PREFIX: <u>(386) 561-0300</u>