2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an

Feb 26, 2007 08:00 AM DOCUMENT # P05000022516 **Secretary of State** 1. Entity Namo DENLYN, INC. Principal Placo of Business Mailing Address 1027 W. MAIN ST. 1027 W. MAIN ST. LEESBURG FL 34748 LEESBURG FL 34748 3. Mailing Address 2. Principal Place of Business - No P.O. Box # JE MINNIN TEO 1st MOORE CR2E034 (10/06) City & State Applied For 4. FEI Numbor 33-1111077 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANABAT, DENNIS 1301 WINDY MEADOWS DR. Street Address (P.O. Box Number is Not Acceptable) MINNEOLA FL 34715 City 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, typed or printed innite of registered agent and title if applicable. (NOTE Registered Againt signature required wrie's reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE. HILL Delete ☐ Change MANABAT, DENNIS NAME 301 S. MAIN AVE. STREET ADDRESS U000000647599 STRLET ADORESS MINNEOLA FL 34755 03/06/07-80078-013 150.00 CHY-ST-ZIP CITY-ST-ZIP THIC ☐ Delete TITLE ☐ Addition ☐ Change MANABAT, REVELYN NAML NAME 301 S. MAIN AVE. STREET ADDRESS STREET ADORESS MINNEOLA FL 34755 CITY-ST-ZIP CITY-ST-7/P THE ☐ Defete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7P Delete DRIE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DHE ☐ Defete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDITIONS CITY-ST-ZIP CITY-ST- 7/P TURE ☐ Defete TITLE Change Addition NAME. NAME. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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

ENNIS MANABAT

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