


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 599093</b> 1. Entity Name <b>DILAND CORPORATION</b>	
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Principal Place of Business <b>C/O LANDSMAN DEVELOPMENT CORP 3 TOWNLINE CIRCLE ROCHESTER, NY 14623-2513 US</b>	Mailing Address <b>C/O LANDSMAN DEVELOPMENT CORP 3 TOWNLINE CIRCLE ROCHESTER, NY 14623-2513 US</b>
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03302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1639665</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FINCKE, GERALD B  
315 N ATLANTIC AVE  
DAYTONA BEACH, FL 32118**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000119744  
04/19/04-80111-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAMOND, ISADORE 6358 SAN MICHEL WAY DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDSMAN, ELLIOTT 3 TOWNLINE CIRCLE ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINCKE, GERALD 315 N ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNEIL, GORDON 770 LINDEN AVE. ROCHESTER, NY 14625
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)(b), 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/2004**  
Date

**515 345-8711**  
Daytime Phone #