

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90062 031 ***150.00



DOCUMENT # 599093
 1. Entity Name
DILAND CORPORATION

Principal Place of Business Mailing Address
 C/O LANDSMAN DEVELOPMENT CORP C/O LANDSMAN DEVELOPMENT CORP
 3 TOWNLINE CIRCLE 3 TOWNLINE CIRCLE
 ROCHESTER NY 14623-2513 ROCHESTER NY 14623-2513
 US US

2. Principal Place of Business 3. Mailing Address
315 N. Atlantic Avenue *315 N. Atlantic Avenue*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Daytona Beach, FL *Daytona Beach, FL*
 Zip Country Zip Country
32118 *USA* *32118* *USA*

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
FINCKE, GERALD B
315 N ATLANTIC AVE
DAYTONA BEACH FL 32118

4. FEI Number Applied For
59-1639665 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAMOND, ISADORE	
STREET ADDRESS	6358 SAN MICHEL WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LANDSMAN, ELLIOTT	
STREET ADDRESS	3 TOWNLINE CIRCLE	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINCKE, GERALD	
STREET ADDRESS	315 N ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNEIL, GORDON	
STREET ADDRESS	770 LINDEN AVE.	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diamond, Isadore	
STREET ADDRESS	Embassy Suites, 661 NW 53rd Street	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gerald B. Fincke* **Gerald B. Fincke, v.p** *2/15/05* *386-257-5077*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #