

# 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

C/O LANDSMAN DEVELOPMENT CORP  
3 TOWNLINE CIRCLE  
ROCHESTER NY 14623-2513  
US

Mailing Address

C/O LANDSMAN DEVELOPMENT CORP  
3 TOWNLINE CIRCLE  
ROCHESTER NY 14623-2513  
US

2. Principal Place of Business

*315 N. Atlantic Avenue*

3. Mailing Address

*315 N. Atlantic Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Daytona Beach, FL*

City & State

*Daytona Beach, FL*

Zip

*32118*

Country

*USA*

Zip

*32118*

Country

*USA*

4. FEI Number

**59-1639665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **DIAMOND, ISADORE**  
STREET ADDRESS **6358 SAN MICHEL WAY**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **STD** ☐ Delete  
NAME **LANDSMAN, ELLIOTT**  
STREET ADDRESS **3 TOWNLINE CIRCLE**  
CITY-ST-ZIP **ROCHESTER NY 14623**

TITLE **VD** ☐ Delete  
NAME **FINCKE, GERALD**  
STREET ADDRESS **315 N ATLANTIC AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **PD** ☐ Delete  
NAME **MCNEIL, GORDON**  
STREET ADDRESS **770 LINDEN AVE.**  
CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition  
NAME **Diamond, Isadore**  
STREET ADDRESS **Embassy Suites, 661 NW 53rd Street**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gerald B. Fincke* **Gerald B. Fincke, v.p.** *2/15/05* **386-257-5077**

Date

Daytime Phone #