

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90044 004 ***150.00

DOCUMENT # 599093

1. Entity Name

DILAND CORPORATION



Principal Place of Business

**315 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118
US**

Mailing Address

**315 N. ATLANTIC AVENUE
3 TOWNLINE CIRCLE
DAYTONA BEACH FL 32118
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **DIAMOND, ISADORE**
STREET ADDRESS **EMBASSY SUITES, 661 NW 53RD STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **56 McNeil, 44 Oak Meadow Trail**
CITY-ST-ZIP **Pittsford, NY 14534**

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

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

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

TITLE ☐ Change ☐ Addition
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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 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 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

Date

Daytime Phone #

Gerald B. Fincke **Gerald B. Fincke** Jan. 27, 2006 386-257-5077