


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| 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 |
|---|---|



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000591287 01/19/07-80016-021 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DIAMOND, ISADORE C/O MCNEIL, 44 OAK MEADOW TRAIL PITTSFORD, NY 14534 |
| 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 exemptions contained in Chapter 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: *Gerald B. Fincke* 1/16/07 386-257-5077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gerald B. Fincke, VP