## · 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## 08-25-2008 90005 028 \*\*\*158.75 **DOCUMENT # F07000005907** 1. Enlity Name D.H. LLOYD & ASSOCIATES, INC. 40114324 Mailing Address Principal Place of Business 1625 K STREET, NW, STE. 400 1625 K STREET, NW, STE. 400 WASHINGTON, DC 20006 WASHINGTON, DC 20005 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apl. #, etc. Suite. Apt. #, etc. 07102008 CR2E034 (12/06) City & State Applied For 152-1370661 City & State Not Applicable Country Zip \$8.75 Additional 7in Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HATCH, JOHN D. ESQ. Street Address (P.O. Box Number is Not Acceptable) 1267 BERKSHIRE LANE, STE. 200 TARPON SPRINGS, FL 34688 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 Rorida. I am familiar with, and accept 7-<u>17-08</u> SIGNATURE (NOTE: Registered Agent signature fequired when rentating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCEO ☐ Addition MILE ☐ Detete TET1 F ☐ Change LLOYD, DENISE H. NAME NAME 410 FIRESTONE DR SIREET ADDRESS STREET ADDRESS SILVER SPRING, MD 20905 CUTY-ST-7/P CITY-ST-ZIP THE ☐ Delete TITLE Change ■ Addition NAME LLOYD, DENISE H. NAME 410 FIRESTONE DR SIRFET ADORESS STREET ADDRESS CITY-ST-ZIP SILVER SPRING, MD 20905 CITY-ST-2F DILE Delete TITLE ☐ Change ☐ Addition HARRIS, CAROLYN NAME NAME 703 CONTINENTAL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DURHAM, NC 27712** CITY-ST-ZIP SD **X** Delete TITLE ☐ Addition HILL GENTRY, BETTY N. MARKE NAME 5057 10 ST. NE STREET ADDRESS STREET ADDRESS WASHINGTON, DC 20017 CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Addition IINE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete IIItE ☐ Change Addition NAME HALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmet with an address, with all other like empowered.

**FILED** 

Aug 25, 2008 8:00 am Secretary of State