

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90033 027 ***150.00

DOCUMENT # G35842

1. Entity Name
DLR SUPPLY COMPANY, INC.



Principal Place of Business

1728 E 2ND AVE
TAMPA, FL 33605 US

Mailing Address

1728 E 2ND AVE
TAMPA, FL 33605 US

94031077



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2278709	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

~~THEBEAU, JOHN R.~~ *Thebeau, Loretta*
1728 E. 2ND AVE
TAMPA, FL 33605

**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 *Loretta Thebeau* *Loretta Thebeau* *3/16/04*
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ADS P
NAME	THEBEAU, LORETTA A
STREET ADDRESS	3147 LAS OLAS
CITY-ST-ZIP	DUNEDIN, FL
TITLE	ADT V
NAME	THEBEAU, JOHN R.
STREET ADDRESS	3147 LAS OLAS
CITY-ST-ZIP	DUNEDIN, FL
TITLE	D
NAME	MCKENNA, JACQUELINE
STREET ADDRESS	13031 ROYAL GOERGE AVE.
CITY-ST-ZIP	ODESSA, FL
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 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 *Loretta Thebeau* *Loretta Thebeau* *3/16/04* *813 248 3104*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #