

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**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



06302005 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 ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	THEBEAU, LORETTA A
STREET ADDRESS	3147 LAS OLAS
CITY-STATE-ZIP	DUNEDIN, FL
TITLE	VDT
NAME	THEBEAU, JOHN R.
STREET ADDRESS	3147 LAS OLAS
CITY-STATE-ZIP	DUNEDIN, FL
TITLE	D
NAME	MCKENNA, JACQUELINE
STREET ADDRESS	13031 ROYAL GOERGE AVE.
CITY-STATE-ZIP	ODESSA, FL

U00000370152  
07/05/05-80004-020 158.75

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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**

*Loretta A Thebeau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05 813 248 3104  
Date Days/Week Phone #