

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J57815

1. Entity Name
DDL, INC.



Principal Place of Business
14501 S.E. US HWY 301
SUMMERFIELD, FL 34491

Mailing Address
14501 S.E. US HWY 301
SUMMERFIELD, FL 34491



06182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2771623
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGER, DEBRA
14501 SE US HWY 301
SUMMERFIELD, FL 34491

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LINN, DELAYNE 739 E. CHAPIN ST. MORRIS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINN, DELORES 739 E. CHAPIN ST. MORRIS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENGER, KENNETH 14501 SE US HWY 301 SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGER, DEBRA 14501 SE US HWY 301 SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/21/04-80002-011 150.00

**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: Kenneth Enger 6-18-04 (352) 245-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #