

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-04-2008 90012 046 ***150.00

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

DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

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: *Debra Enger*

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

(NOTE: Registered Agent signature required when reinstating)

2-25-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

**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: *Debra Enger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-245-6348