

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J67298 1. Entity Name D & L COMPUTERS, INC.	
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Principal Place of Business % DONALD K. TIBBETTS 127 E. PARK AVENUE LAKE WALES, FL 33853	Mailing Address % DONALD K. TIBBETTS 127 E. PARK AVENUE LAKE WALES, FL 33853
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04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2799383	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIBBETTS, DONALD K.
127 E. PARK AVENUE
LAKE WALES, FL 33853

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBETTS, DONALD K. 517 CANAL DRIVE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBETTS, LINDA W. 517 CANAL DRIVE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/06-80008-010 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda W. Tibbets* **4/10/06** **(863) 676-010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #