

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90091 044 \*\*\*550.00

<b>DOCUMENT # J67298</b> 1. Entity Name <b>D &amp; L COMPUTERS, INC.</b>					
Principal Place of Business <b>% DONALD K. TIBBETTS</b> <b>127 E. PARK AVENUE</b> <b>LAKE WALES, FL 33853</b>			Mailing Address <b>% DONALD K. TIBBETTS</b> <b>127 E. PARK AVENUE</b> <b>LAKE WALES, FL 33853</b>		
2. Principal Place of Business - No P.O. Box # <b>517 CANAL DRIVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>LAKE WALES, FL</b>		City & State		4. FEI Number <b>59-2799383</b>	
Zip <b>33859</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TIBBETTS, DONALD K.</b> <b>127 E. PARK AVENUE</b> <b>LAKE WALES, FL 33853</b>				7. Name and Address of New Registered Agent Name <b>TIBBETTS DONALD K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>517 CANAL DRIVE</b> City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33859</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBETTS, DONALD K. 517 CANAL DRIVE LAKE WALES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBETTS, DONALD K. 5268 GREEN DRIVE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBETTS, LINDA W. 517 CANAL DRIVE LAKE WALES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBETTS, LINDA W. 5268 GREEN DRIVE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: Linda W. Tibbets</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>LINDA W. TIBBETTS</b> <small>Date</small>		
			<b>5/4/07 (863) 969-5340</b> <small>Daytime Phone #</small>		