2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71832

LOTT, M. SUZÁNNE

JACKSONVILLE, FL

1010 PALISADES DR.

Name:

Address:

City-St-Zip:

FILED Feb 16, 2004 Secretary of State

Entity Nar	me: DLA FOO	DDS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX JACKSON	60636 VILLE, FL 32:	2367636			
Current Mailing Address:			New Mailing Addres	s:	
P.O. BOX JACKSON	60636 VILLE, FL 32:	2367636			
FEI Number:	: 59-2806648	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	lame and Address of New Registered Agent:	
JACKSON	SADES DR VILLE, FL 32:		urnose of changing its registere	d office or registered agent, or both,	
	of Florida.	submits this statement for the p	urpose of changing its registere	d office of registered agent, or both,	
SIGNATUR					
Election Occ		nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (LAFRAMBOISI 5277 BROOKV BAY CITY, MI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (LOTT, DOUGL 1010 PALISAD JACKSONVILL	ES DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	ST () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: M. SUZANNE LOTT S 02/16/2004