

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K31508

1. Entity Name
D & L TRANSFER, INC.



Principal Place of Business
4550 S.W. SOLOMON ROAD
SOLOMON RD
ONA, FL 33865 US

Mailing Address
4550 S.W. SOLOMON ROAD
ONA, FL 33865 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0106959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM L. WHEELER
4550 S.W. SOLOMON ROAD
ONA, FL 33865

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

100000536P74

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

05/08/06-80104-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHEELER, WILLIAM L.
STREET ADDRESS	4550 S.W. SOLOMON ROAD
CITY-ST-ZIP	ONA, FL 338658712

TITLE	ST
NAME	WHEELER, DENISE
STREET ADDRESS	4550 S.W. SOLOMON ROAD
CITY-ST-ZIP	ONA, FL 338658712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Denise Wheeler *Denise Wheeler* 4-21-06 863-494-1950