


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



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0106959      Not Applicable

5. Certificate of Status Desired       \$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)

**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

100000536 PTE  
 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	
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 Denise Wheeler Denise Wheeler      Date 4-21-06      863-494-1950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #