

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 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**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000914824  
05/08/08-80071-025 150.00**

**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    |  |

|                |  |
|----------------|--|
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/08* 4/22/08 863-494-1950

Date

Daytime Phone #