

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90329 002 ***150.00

DOCUMENT # L30933

1. Entity Name
D.P.L. OF FLORIDA, INC.



Principal Place of Business
C/O EDWIN F BLANTON
825 THOMASVILLE RD
TALLAHASSEE, FL 32303

Mailing Address
2 EASTWICK DRIVE
SUITE 100
GIBBSBORO, NJ 08026

50010399



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03082006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
22-2693940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D- SCARBOROUGH, R. RANDLE ☐ Delete
NAME
STREET ADDRESS 20 E CLEMENTON RD, #201
CITY-ST-ZIP GIBBSBORO, NJ

TITLE D- Scarborough, R. Randle ☒ Change ☐ Addition
NAME
STREET ADDRESS 2 Eastwick Drive Suite 100
CITY-ST-ZIP Gibbsboro NJ 08026

TITLE D SCARBOROUGH, ROBERT K. ☐ Delete
NAME
STREET ADDRESS 20 E. CLEMENTON RD., STE 201 SO.
CITY-ST-ZIP GIBBSBORO, NJ

TITLE D Scarborough, Robert K. ☒ Change ☐ Addition
NAME
STREET ADDRESS 2 Eastwick Drive Suite 100
CITY-ST-ZIP Gibbsboro NJ 08026

TITLE D SCARBOROUGH, KEVIN D. ☐ Delete
NAME
STREET ADDRESS 112 HADDONTOWNE CT., STE 101
CITY-ST-ZIP CHERRY HILL, NJ 08034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert K. Scarborough Robert K. Scarborough 4/3/06 856-346-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #