2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41625

FILED Apr 08, 2007 Secretary of State

Entity Name: D & L ENTERPRISES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O KIRK D. HUGHES

2049 RIVERS OWN ROAD

SAINT AUGUSTINE, FL 32092

C/O DIANE L. HUGHES

2049 RIVERS OWN ROAD

SAINT AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

C/O KIRK D. HUGHES
2049 RIVERS OWN ROAD
SAINT AUGUSTINE, FL 32092

C/O DIANE L. HUGHES
2049 RIVERS OWN ROAD
SAINT AUGUSTINE, FL 32092

SAINT AUGUSTINE, FL 32092

FEI Number: 59-2991209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUGHES, KIRK D.

2049 RIVERS OWN ROAD

SAINT AUGUSTINE, FL 32092 US

HUGHES, DIANE L.

2049 RIVERS OWN ROAD

SAINT AUGUSTINE, FL 32092 US

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.

SIGNATURE: DIANE L. HUGHES 04/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 HUGHES, KIRK D.,
 Name:
 HUGHES, DIANE L.,

 Address:
 2049 RIVERS OWN ROAD
 Address:
 2049 RIVERS OWN ROAD

City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32092

 Title:
 D
 (X) Delete
 Title:

 Name:
 HUGHES, DIANE L.,
 Name:

 Address:
 2049 RIVERS OWN ROAD
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:

Title: O () Delete Title: O (X) Change () Addition

Name: WORTMAN, PENNY M.,
Address: 5937 OAK LANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Name: WORTMAN, PENNY M.,
Address: 5937 OAK LANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: DIANE L. HUGHES D 04/08/2007