


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**


01-08-2004 90048 033 \*\*\*150.00

<b>DOCUMENT # L54401</b> 1. Entity Name D & L SALES ENTERPRISES, INC.	
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Principal Place of Business D & L SALES ENT, INC 101 SUNSET PT EAST PALATKA, FL 32031 US	Mailing Address D & L SALES ENT., INC P O BOX 741012 ORANGE CITY, FL 32774-1012 US
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**DO NOT WRITE IN THIS SPACE**

11000601



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2989263	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  LAGUE, LESTER F 495 W. NEW YORK AVE ORANGE CITY, FL 32763	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAGUE, LESTER 495 W. NEW YORK AVE ORANGE CITY, FL 32763
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Lester F. Laque, president *Lester F. Laque* 5-04 386-320-5625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #