

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005391

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** D'LESS, INC.

**Current Principal Place of Business:**

108 SUNSET DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

108 SUNSET DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FREEDLAND, DEANNE  
108 SUNSET DRIVE  
LONGWOOD, FL 32750 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FREEDLAND, DEANNE  
Address: 108 SUNSET DR  
City-St-Zip: LONGWOOD, FL 32750

Title: VPD  
Name: BURFIELD, LINDA  
Address: 25007 LAUREL VALLEY ROAD  
City-St-Zip: LEESBURG, FL 34748

Title: SD  
Name: LEVINE, ELLEN  
Address: 15319 HAYWORTH DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD  
Name: KOLESSAR, SHERYL  
Address: 2270 CALEDONIAN STREET  
City-St-Zip: CLERMONT, FL 34711

Title: COOD  
Name: REEVES, SUZANNE  
Address: 871 CYNTHIANNA CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DEANNE FREEDLAND

PD

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date