

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000097716**

1. Entity Name  
D.T.I. OF FLORIDA, INC.



Principal Place of Business  
8509 NW GAINESVILLE ROAD  
OCALA, FL 34475

Mailing Address  
8509 NW GAINESVILLE ROAD  
OCALA, FL 34475



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3679467

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DIEL, CHAD A  
8509 NW GAINESVILLE RD  
OCALA, FL 34475

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	DIEL, DREW D JR
STREET ADDRESS	7350 SE 135TH STREET
CITY - ST - ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	DIEL, DREW D SR
STREET ADDRESS	7350 SE 135TH STREET
CITY - ST - ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	RASNICK, RICK
STREET ADDRESS	15805 SE 92ND AVE
CITY - ST - ZIP	SUMMERFIELD, FL 34491
TITLE	P
NAME	DIEL, CHAD A
STREET ADDRESS	3065 NE 45TH STREET
CITY - ST - ZIP	OCALA, FL 34479
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000176655  
01/11/05-80005-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Chad A. Diel* CHAD DIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

352-732-9821

Daytime Phone #