


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000107301 1. Entity Name DALIND CORPORATION	
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Principal Place of Business 305 E 2ND AVE PIERSON, FL 32180-3021	Mailing Address 305 E 2ND AVE PIERSON, FL 32180-3021
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**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3700322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, DAVID A  
 305 E 2ND AVE  
 PIERSON, FL 32180-3021

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000127819 04/26/04 00014 000 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYES, LINDA 305 E 2ND AVE PIERSON, FL 321803021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYES, DAVID 305 E 2ND AVE PIERSON, FL 321803021
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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: Linda Hayes Linda Hayes 4-20-04 386-799-3312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #