## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

DOCUMENT # P01000032669  1. Entity Name DLC MANAGEMENT CORP  Principal Place of Business  Mailing Address  Mailing Address			Secretary of State			
45 CENTRAL TARPON SPE	RINGS, FL 34689	C/O 7300 MACKEREL LN. Hudson, Fl 34667	-			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04192005 4. FEI Numb 59-370	No Chg-P CR2E	034 (10/03)  Applied For Not Applicable \$8.75 Additional Fee Required
LEON, ANTHONY 45 CENTRAL CT TARPON SPRINGS, FL 34689			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for tolons of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	litte if applicable. (NOTE, Registers	ed Agent signature required	when reinstating)	DATE	100 A 21
				.00 May Be ed to Fees		ar v s <del>ki</del> los
10. Title	OFFICERS AND DI	RECTORS .				
NAME STREET ADDRESS CITY-ST-ZIP	LEON, ANTHONY 45 CENTRAL CT TARPON SPRINGS, FL 34689				U0000031954	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAY, JIM 1415 NATURE CT DAYTON, OH 45440				04/21/05-80001	-016 150.00
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address.	ue and accurate and that my signs ered to execute this report as requi	ture shall have the s	same legal effe	ct as if made under oath: that I	am an officer of director 1
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Days Days True And Typed Or Printed Name Of Signing Officer OR DIRECTOR						