

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 015 ***150.00

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1. Entity Name
DLH REALTY INC.



Principal Place of Business
33 NORTH 6TH STREET
HAINES CITY, FL 33844
*2227 MALLORY CIRCLE
HAINES CITY FL 33844*

Mailing Address
33 NORTH 6TH STREET
HAINES CITY, FL 33844
*2227 MALLORY C
HAINES CITY
FL 33844*

50003836



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3749445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOWES, LILY
2227 MALLORY CIRCLE
HAINES CITY, FL 33844

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD HOWES, DAVID W 33 NORTH 6TH STREET HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HOWES, LILY 33 NORTH 6TH STREET HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VSTD Lily Howes 1/5/05
Date _____
Telephone _____

863-422-2234