05/10/2004 08:41 8132891959 CPA FIRM

FILED
May 13, 2004 8:00 am
Secretary of State
04-26-2004 90482 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000062040

Entity Name
D & L PRINTING, INC.

Principal Place of Business
6315 ANDERSON ROAD
TAMPA, FL 33634

Mailing Address
~~1611 W. PLATT~~
~~TAMPA, FL 33606~~

66421332

04212004 Chg-P CR2E084(10/03)

2. Principal Place of Business	3. Mailing Address: 6315 Anderson Rd
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State: Tampa FL
Zip / Country	Zip: 33634 / Country

4. FEI Number: 02-0641551 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
KEITH W. KOEHLER
1611 W. PLATT ST.
TAMPA, FL 33606

7. Name and Address of New Registered Agent:
Jolene T. Loos
Street Address (P.O. Box Number is Not Acceptable): CFC Value Advisors LLC
4805 W. Laurel St, Suite 100
City: Tampa FL — FL 33607

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: Jolene T. Loos — 5/10/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADAMS, DAVID F 37105 GREEN WILLOW RUN VALRICO, FL 33594 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Adams, David F 411 Jefferson Ave Oldsmar, FL 34677 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: David F Adams — 4/21/04 — 813-891-6781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #