2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000076776

1. Entity Name
DYL, INC.

Principal Place of Business
27652 BREAKERS DR
WESLEY CHAPEL, FL 33543

Mailing Address
27652 BREAKERS DR
WESLEY CHAPEL, FL 33543

04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4503042 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AFOLABI, ADETOUN A
27652 BREAKERS DR
WESLEY CHAPEL, FL 33543

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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, 2006 Fee will be $550.00

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

000000517477
05/01/06-80046-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AFOLABI, ADETOUN A
STREET ADDRESS	27652 BREAKERS DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	V
NAME	AFOLABI, JOSEPH O
STREET ADDRESS	27652 BREAKERS DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	D
NAME	AFOLABI, ABAYOMI O
STREET ADDRESS	27652 BREAKERS DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	D
NAME	DIEUNDONNE, JEAN
STREET ADDRESS	9202 DAY FLOWER DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Afolabi ADETOUN A. AFOLABI 04/17/06 (813)907-2875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #