

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 024 ***150.00

DOCUMENT # P03000094286

1. Entity Name
DDL & ASSOCIATES, INC.



Principal Place of Business
**2950 HALCYON LANE STE 605
JACKSONVILLE, FL 32223**

Mailing Address
**PO BOX 24646
JACKSONVILLE, FL 32241**

4000344



01102008 Chg-P CR2E034 (12/06)

4. FEI Number
57-1182905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, DALE D
5311 GROVEWOOD CT
ST AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

1/10/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 11

TITLE **P** ☐ Delete
NAME **LEWIS, DALE D**
STREET ADDRESS **5311 GROVEWOOD CT**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/S** ☐ Delete
NAME **LEWIS, LISA M**
STREET ADDRESS **5311 GROVEWOOD CT**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **HOUCHEMS, GERALDINE**
STREET ADDRESS **916 HAZELTINE CT**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

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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:

PRESIDENT

1/10/08