


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 040 ***150.00

DOCUMENT # P03000112904 1. Entity Name D & T ENTERPRISES OF GREENACRES, INC.					
Principal Place of Business 3967 JOG RD GREENACRES, FL 33467			Mailing Address 3967 JOG RD GREENACRES, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0280685	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZIEJKA, TRACEY 14380 WITHER CIRCLE WELLINGTON, FL 33414			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RESNICK, DESIDERIA V 36 CEDAR CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUZIEJKA, TRACEY 14380 WITHER CLOSE WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Tracey Guziejka</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-11-07 Daytime Phone # 561-6416010		

40018975



01052007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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.

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP

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36 CEDAR CIRCLE
BOYNTON BEACH, FL 33436

☐ Delete

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CITY - ST - ZIP

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GUZIEJKA, TRACEY
14380 WITHER CLOSE
WELLINGTON, FL 33414

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THE NEWMAN GROUP, INC.



6801 Lake Worth Road

Suite 119

Lake Worth, Florida 33467

Phone: 561-642-6999

FAX: 561-642-3377

EMAIL: LBN@NEWMANADVISORS.COM

ATTACHMENT

40018975

FP03000112904

D & T ENTERPRISES OF GREENACRES, INC.

Client Name _____

1/5/07

2007

Date _____ Tax Year Ending _____

Please follow the applicable filing instructions for each form attached as indicated by the boxes checked:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

(X) Form _____

(X) Affix Officer's signature, Title and Date

() Affix personal & spouse's signature, if applicable and date

() There is no money due with this return; however, it must be signed and mailed on or

before _____

FLORIDA DEPT OF STATE

(X) Prepare a check payable to _____

\$ 150.00

APRIL 30, 2007

for _____ and mail with your signed return before _____ in

the enclosed envelope. Please make sure your check includes the tax ID, tax form and period

covered by the payment

A copy of the return is enclosed for your records.

* If upon your review of these forms you have any questions, please do not hesitate to call us at 561-642-6999. We have retained a copy of each form in our files for reference.

MAKE CHANGES TO FORM
WHERE NECESSARY
BEFORE MAILING