2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State

1. Entity Nar	IMENT # P0300012970 DLEAN INC.	06			Secretary of State	
Principal Place of Business Mailing Address 6620 2ND. AVE. N.E. BRADENTON, FL 34208 US Mailing Address 6620 2ND. AVE. N.E. BRADENTON, FL 34208 US			S	}		
DO NOT WRITE IN THIS SPACE				01292005 4. FEI Num! 06-17		
6. Name and Address of Current Registered Agent HOLMES, CHARLES G P 6620 2ND AVE N.E BRADENTON, FL 34208			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 tide if applicable. (NOTE, Registered Agent signature required when reliastating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HOLMES, CHARLES G 6620 2ND AVE N.E. BRTADENTON, FL 34208 SEC HOLMES, LYNN F	CTORS			U00000298413 04/11/05-80064-025 150.00	
STREET ADDRESS CITY-ST-ZIP	6620 2ND AVE N.E. BRADENTON, FL 34208	- 				
NAME STREET ADDRESS CITY-ST-ZIP	HOLMES, GREGORY R 6620 2ND AVE N.E. BRADENTON, FL 34208	·			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	IN .	THIS SPACE	
TITLE Name Street address City-St-Zip						
Title Name Street Address City-St-Zip					the second secon	
12. I hereby of indicated of the conchanged.	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver of trustee empowered or on an attachment with an address, with all	ling does not qualify for the exen and accurate and that my signate to execute this report as require other fike/empowered.	nption stated in Sec ure shall have the sa ed by Chapter 607,	tion 119.07(3)(ame legal effec Florida Statute	Florida Statutes. I further certify that the information tas if made under cath; that I am an officer or directors, and that my name appears in Block 10 or Block 11 if	

MAN T Offenes Lynn F. Holmes 4/8/05 941-747-9105