

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070526

1. Entity Name
DLD ENGINEERING, INC



Principal Place of Business
25080 GOLDCREST DRIVE
BONITA SPRING, FL 34134

Mailing Address
25080 GOLDCREST DRIVE
BONITA SPRING, FL 34134

FILED

2007 APR 11 PM 2:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04032007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2457229

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

SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD
SUITE 103
BONITA SPRINGS, FL 34134

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD
NAME HAYNES, DEREK
STREET ADDRESS P.O. BOX 367989
CITY-ST-ZIP BONITA SPRINGS, FL 34136 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 700096489437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEREK HAYNES
PRES.

Date

Daytime Phone #

4/6/07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 845813 7581105

AUTHORIZATION

COST LIMIT : \$150.00

ORDER DATE : April 11, 2007

ORDER TIME : 10:36 AM

ORDER NO. : 845813-005

CUSTOMER NO: 7581105

ANNUAL REPORT FILING

NAME: DLD ENGINEERING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney-EXT#2916

EXAMINER'S INITIALS: _____

RECEIVED
07 APR 11 PM 1:10
DIVISION OF REVENUE
TAX
FLORIDA