

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108117

Entity Name: D&L PROFESSIONAL SERVICES, INC.

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

10519 LEMON STREET
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

10519 LEMON STREET
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 20-1394333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESMITH, DAN
10519 LEMON STREET
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NESMITH, DAN
Address: 10519 LEMON ST
City-St-Zip: LEESBURG, FL 34788

Title: ST () Delete
Name: NESMITH, BOBBIE L
Address: 10519 LEMON ST
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NESMITH, DAN
Address: 10519 LEMON ST
City-St-Zip: LEESBURG, FL 34788

Title: PST (X) Change () Addition
Name: NESMITH, BOBBIE L
Address: 10519 LEMON ST
City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE L NESMITH

PST

02/15/2009

Electronic Signature of Signing Officer or Director

Date