

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067292

FILED
Apr 30, 2009
Secretary of State

Entity Name: P. D. L. HOME IMPROVEMENTS, INC.

Current Principal Place of Business:

5395 MISTY LAKE DRIVE
MULBERRY, FL 33860 US

New Principal Place of Business:

6720 HARTSWORTH DR
LAKELAND, FL 33813 US

Current Mailing Address:

5395 MISTY LAKE DRIVE
MULBERRY, FL 33860 US

New Mailing Address:

6720 HARTHWORTH DR
LAKELAND, FL 33813 US

FEI Number: 20-2811210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLEWELLYN, PHILLIP D
5395 MISTY LAKE DRIVE
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

LLEWELLYN, PHILLIP D
6720 HARTSWORTH DR
LAKELAND, FL 33813 US

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: PHILLIP LLEWELLYN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLEWELLYN, PHILLIP D
Address: 5395 MISTY LAKE DRIVE
City-St-Zip: MULBERRY, FL 33860 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LLEWELLYN, PHILLIP D
Address: 6720 HARTSWORTH DR
City-St-Zip: LAKELAND, FL 33813 US

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: PHILLIP LLEWELLYN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date