2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# P06000044701

Entity Name: DL3 SERVICES INCORPORATED

Current Principal Place of Business:

884 MASTERS BLVD
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

884 MASTERS BLVD
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 20-4582596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKMAN, JAMES A
220 GOVERNMENT ST
STE 1
NICEVILLE, FL 32578 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOGGINS, DAVID
Address: 884 MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579 US

Title: VP ( ) Delete
Name: LOGGINS, DAVID L
Address: 150 CABANA WAY
City-St-Zip: CRESTVIEW, FL 32536 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LOGGINS, DAVID L JR
Address: 358 CAMELIA CT
City-St-Zip: FREEPORT, FL 32539 US

Title: CFO ( ) Change (X) Addition
Name: BONDS, SHARON L
Address: 14248 W. SIERRA ST
City-St-Zip: SURPRISE, AZ 85379

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: SHARON L. BONDS CFO 07/22/2009

Electronic Signature of Signing Officer or Director Date