2007 FOR PROFIT CORPORATION

TJHOBUVSF: 1

Jul 09, 2007 8:00 am Secretary of State ANNUAL REPORT 06-13-2007 90003 016 ***150.00 EPDVNFOU!\$ P06000072652 07-09-2007 90051 046 ***400.00 2/ Entity Name DLOM, INC. darea. . Principal Place of Business Mailing Address 3314 HENDERSON BLVD 3314 HENDERSON BLVD SUITE 106 SUITE 106 **TAMPA, FL 33609** TAMPA, FL 33609 3/ Principal Place of Business - No P.O. Box # 4/ Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DS3F145!)230f7* City & State City & State 5/ FEI Number Applied For 56-2598298 Not Applicable Zio Country Ζıρ Country %9/86 Beejujpobm 6/ Certificate of Status Desired Off!Sfrvjafe & Obn f !boelBees t i ipgOf x iSfhjt d'afeiBhf ou 7/ Obn fiboelBeesttilpgDvæfodSfhjtifsleiBhfou SEAMAN, RONALD M Street Address (P.O. Box Number is Not Acceptable) 912.8 GINGELIXOD DENE 413 \$ LOIS AVE **TAMPA, FL 33609** Zip Code 33626 City TAMPA FL GM 9/ 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. (NOTE: Registered Agent signature required when reinstaing) : / Election Campaign Financing %6/11 Nbzici ! FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Beef elupiGift OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 21/ 22/ PSTD TITLE Change Addition ☐ Delete TITLE SEAMAN, RONALD M NAME NAME 413 S LOIS AVE 9828 GINGERWOOD DR. STREET ADDRESS STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CHY-ST-ZIP TRAPA FL 33626 TITLE Delate TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TATLE ☐ Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 23/ 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 attactpragnt with an address, with all other like empowered. SUMMAL SURLINE CONFORT HOLDHPOODES PSEEFOUPS 6/4/04

FILED

Daytime Phone #