2008 FOR PROFIT CORPORATION

Jul 23, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P07000123564** 07-23-2008 90015 001 ***150.00 D & L PROPERTIES OF INDIAN RIVER, INC Principal Place of Business Mailing Address **ANTITUM** 2066 14TH AVENUE 2066 14TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 26-1405668 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRACKETT, DANIEL S** Street Address (P.O. Box Number is Not Acceptable) 2066 14TH AVE 101 VERO BEACH, FL 32960 City 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) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Maddition. ☐ Delete TITLE SCHLITT, LAWRENCE P NAME STREET ADDRESS 656 BOUGAINVILLEA LANE STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition BRACKETT, ROBERT A II NAME NAME STREET ADDRESS 8600 8TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-719 ☐ Addition TITLE Delete TITLE ☐ Channe BRACKETT, DANIEL S 1425 43RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CATY-ST-7IP Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Delete

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FILED