

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000006957**

1. Entity Name  
DLD SERVICES, INC. OF LAKE CITY



Principal Place of Business  
3322 US 90 WEST  
LAKE CITY, FL 32055

Mailing Address  
3322 US 90 WEST  
LAKE CITY, FL 32055



07022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3283603

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DELAND, DARWIN L JR  
RTE 3, BOX 114  
LAKE CITY, FL 32025

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DELAND, DARWIN L JR  
STREET ADDRESS RTE 3, BOX 114  
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE VD  
NAME DELAND, PAMELA S  
STREET ADDRESS RT. 3 BOX 114  
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE TD  
NAME BUCHANAN, CLAYTON  
STREET ADDRESS P.O. BOX 118  
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE SD  
NAME DELAND, DARWIN L III  
STREET ADDRESS RT. 3 BOX 114  
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000568503  
07/07/06-80010-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/06

Date

386 755-2502

Daytime Phone #