2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006957

Address:

City-St-Zip:

223 NW SYLVI DR

LAKE CITY, FL 32055

Entity Name: DLD SERVICES, INC. OF LAKE CITY

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3322 US 9 LAKE CIT	90 WEST Y, FL 32055				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3322 US 9 LAKE CIT	00 WEST Y, FL 32055				
FEI Number	: 59-3283603 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Curre	nt Registered Agent:	Name and Address o	f New Registered Agent:	
223 N.W.	DARWIN L JR SYLVI DR Y, FL 32055 US				
The above in the State	e named entity subm e of Florida.	its this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Floation Co.	·	gnature of Registered Ag	ent	Date	
		t Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete DELAND, DARWIN L 223 N.W. SYLVI DR LAKE CITY, FL 3205	JR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete DELAND, PAMELA S 223 N.W. SYLVI DR LAKE CITY, FL 3205		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete BUCHANAN, CLAYTO P.O. BOX 118 O'BRIEN, FL 32071		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () Delete DELAND, DARWIN L		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DARWIN L DELAND JR PD 03/27/2009