

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 027 ***150.00

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| DOCUMENT # P95000009222 | | | | | |
| 1. Entity Name D.L.H., INC. | | | | | |
| Principal Place of Business 15838 GLENEAGLE CT FT. MYERS, FL 33908 US | | | Mailing Address 15838 GLENEAGLE CT FT. MYERS, FL 33908 US | | |
| J4UJ0024 | | | | | |
| 2. Principal Place of Business 13002 BRYNWOOD WAY Suite, Apt. #, etc. | | 3. Mailing Address 13002 BRYNWOOD WAY Suite, Apt. #, etc. | | | |
| City & State NAPLES, FL | | City & State NAPLES, FL | | 4. FEI Number 65-0560066 | |
| Zip 34105 | | Country COLLIER | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HALL, DENNIS L 15838 GLENEAGLE CT FORT MYERS, FL 33908 | | | 7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 13002 BRYNWOOD WAY City: NAPLES, FL Zip Code: 34105 | | |
| 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: <u>Dennis L Hall</u> DATE: <u>4/3/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST HALL, DENNIS L 14640 LAKE OLIVE DRIVE FT. MYERS, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C REBECCA R HALL 13002 BRYNWOOD WAY NAPLES, FL 34105 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dennis L Hall</u> DATE: <u>4/3/04</u> (239)262-5694 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |