## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \( \alpha \)

## Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P95000035233 04-12-2005 90148 027 \*\*\*158.75 1. Entity Name DLR NET, INC. Principal Place of Business Mailing Address ~~~~~ 201 FLETCHER AVE **201 FLETCHER AVE** SARASOTA, FL 34237-6019 US SARASOTA, FL 34237-6019 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0591092 Not Applicable Zio Country Zip 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 Name DU TREIL, LOUIS R SR. Street Address (P.O. Box Number is Not Acceptable) 201 FLETCHER AVE SARASOTA, FL 34237-6019 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. D TITLE TITLE Delete ☐ Change ☐ Addition DU TREIL, LOUIS R SR. NAME NAME STREET ADDRESS 201 FLETCHER AVE STREET ADDRESS CITY-ST-7IP SARASOTA, FL 342376019 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE LUNDIN, JOHN A NAME NAME STREET ADDRESS 201 FLETCHER AVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 342376019 CITY-ST-77P ☐ Delete ☐ Addition TITLE TITLE Change RACKLEY, RONALD D NAME 201 FLETCHER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 342376019 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE 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 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.

**FILED**