2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # P95000038734 1. Entity Name DLD COMMERCIAL REALTY, INC.									04-2	0-2005 9	0361 026	***158.	75
Principal Place of Business 37 N ORANGE AVE. STE. 500 ORLANDO, FL 32801				Mailing Address 37 N ORANGE AVE. STE. 500 ORLANDO, FL 32801							50 	0412	75
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			·	04062005	С	hg-P	CR2E0	34 (10/03)	
City & State				City & State				4. FEI Numb				1 1	oplied For- ot Applicable
Zip	Country			Zip Count		try	5. Certificate of S		e of Stati	us Desired	1	\$8.75 Add Fee Require	
	6. Name	and Address of C	Surrent Regis	tered Agent				7. Name an	d Addre	ss of New R	Registered A	gent	
DONOVAN	N DALET	~ '''				Name'							i
DONOVAN, DALE L 37 N ORANGE AVE. STE. 500						Street A	ddress (F	P.O. Box Numl	ber is No	t Acceptable	e)		
ORLANDO	D, FL 328	01							•				
						City				FL	Zip Cod	6	
	named entit tions of regis		ement for the p	ourpose of changing its	register	ed office or	register	ed agent, or b	oth, in th	e State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE.		or printed name of registe	ared agent and title	i applicable. (NOTE	Registere	d Agent signati	ure required	when reinstating)			DATE		
	-				•••								
FIL	E NOW!!!												
After M	ay 1, 200	FEE IS \$150. 5 Fee will be	00 \$550.00	Election Campain Trust Fund Contract		cing 🔲	\$5. Add	00 May Be ed to Fees					
After Ma	ay 1, 200	5 Fee will be	00 \$550.00 RS AND DIREC	Trust Fund Contr			\$5. Add	ed to Fees	S/CHANG	GES TO OFF	ICERS AND	DIRECTOR	S IN 11
After Ma	a y 1, 200	5 Fee will be ! OFFICER	\$550.00	Trust Fund Contr	ibution.		\$5. Adde	ed to Fees	S/CHANG	GES TO OFF		DIRECTOR XXXChange	S IN 11
After Ma	P DONOVA	OFFICER N, DALE L LERST	\$550.00	Trust Fund Contr	11. TITLE NAM STRE	ET ADDRESS	232 ⁴	ADDITIONS Trey	nore	Driv	е		
After Ma	P DONOVA	OFFICEF	\$550.00	Trust Fund Contr	11. TITLE NAM STRE	ET ADDRESS	232 ⁴	ed to Fees ADDITIONS	nore		е		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DONOVA 432 E MII ORLAND VP ERIC HAI	OFFICER N, DALE L LER ST O, FL 32806	\$550.00	Trust Fund Contr	TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ET ADDRESS	232 ⁴	ADDITIONS Trey	nore	Driv	е	Change	Addition .
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12. I hereby certify that the information supplied with this filling does not quality 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 or 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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