

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90276 019 \*\*\*150.00

**DOCUMENT # P95000072658**

1. Entity Name  
**D & L PORT CANAVERAL, INC.**



Principal Place of Business  
**500 W. COCOA BEACH CSWY  
COCO BEACH, FL 32931**

Mailing Address  
**PO BOX 23  
CAPE CANAVERAL, FL 32920**

**34004104**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3337669**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RQSE, DEL  
5641 TASHA LANE  
COCO BEACH, FL 32926**

Name **John H. Evans Esq**  
Street Address (P.O. Box Number is Not Acceptable)  
**1702 S. Washington Ave**  
City **Titusville** FL Zip Code **32780**

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **MILLIKEN, LLOYD**  
CITY-ST-ZIP **300 SUKES CREEK PKWY #805  
MERRITT ISLAND, FL 32952**

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Treasurer**  
STREET ADDRESS **Solano, Rhoda**  
CITY-ST-ZIP **1850 Harbor Point Drive  
Merritt Island, FL 32952**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **ROSE, DEL**  
CITY-ST-ZIP **5641 TASHA LANE  
COCO BEACH, FL 32926**

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **Rose, Del**  
CITY-ST-ZIP **5641 TASHA LANE  
COCO BEACH, FL 32926**

TITLE ☐ Delete  
NAME **Solano, Rhoda**  
STREET ADDRESS **1850 Harbor Point Drive**  
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE ☒ Change ☐ Addition  
NAME **Vice President**  
STREET ADDRESS **Milliken, Lloyd**  
CITY-ST-ZIP **300 Sukes Creek Pkwy  
Merritt Island, FL 32952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1-04**