

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90012 013 ***150.00

DOCUMENT # P96000088260

1. Entity Name

DLF SERVICES INC.



Principal Place of Business

**2414 PINECREST DRIVE
LUTZ FL 33549**

Mailing Address

**P O BOX 1378
LUTZ FL 33548-1378**

2. Principal Place of Business

2414 Pinecrest Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1378
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Lutz, FL. 33549

City & State

Lutz, FL

4. FEI Number

59-3392433

Applied For

Not Applicable

Zip
33549

Country
U.S.

Zip
33548-1378

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, RICHARD
101 EAST KENNEDY BLVD
SUITE 2125
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Roberts, Richard**
Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Blvd.
Suite 2125
City **Tampa** **FL** Zip Code **33602**

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

Dale Forry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FORRY, DALE L	
STREET ADDRESS	2414 PINECREST DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dale Forry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04
Date

813 949 9073
Daytime Phone #