2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 8:00 am **Secretary of State DOCUMENT # P97000029385** 1. Entity Name 01-10-2005 90016 039 ***158.75 D & T ENTERPRISES OF LAKELAND, INC. Principal Place of Business Mailing Address 777 E MERRITT ISLAND CSWY 2815 PENNSYLVANIA ST MERRITT ISLAND, FL 32952 MELBOURNE, FL 32904 2. Principal Place of Business 2815 PEN NSYLVINGA 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number NELBOURNE 59-3440445 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAUBEL, DAN 2815 PENNSYLVANIA ST Street Address (P.O. Box Number is Not Acceptable) W. MELBOURNE, FL 32904 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, 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITE ☐ Change ☐ Addition NAME FAUBEL, DANIEL NAME STREET ADDRESS 2815 PENNSYLVANIA ST STREET ADORESS CITY-ST-ZIP W. MELBOURNE, FL 32904 CITY-ST-ZIP TITI F Delete TITLE ☐ Addition FRUBEL TERRA 2815 PENNSYLVANTA ST. CLOUD, TERRA NAME NAME STREET ADDRESS 2815 PENNSYLVANIA ST STREET ADDRESS CITY-ST-77P W. MELBOURNE, FL 32904 W. MELBOURNE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 charged, or on an attachment with an address, with all other like empowered.

DANGELP. FAUBEL

NTED NAME OF

FILED

SIGNATURE: