

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000030487

1. Entity Name
D D L ENTERPRISES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 23 AM 11:58

Principal Place of Business
1613 NW 282ND ST
NEWBERRY, FL 32669 US

Mailing Address
PO BOX 589
NEWBERRY, FL 32669 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3441900

Applied For

Not Applicable

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

LANE, DENISE R
1613 NW 282ND ST
NEWBERRY, FL 32669

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 restateing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DVS
LANE, DANNY T
STREET ADDRESS
1613 NW 282ND ST
CITY-ST-ZIP
NEWBERRY, FL 32669

☐ Delete

TITLE
NAME
DPT
LANE, DENISE R
STREET ADDRESS
1613 NW 282ND ST
CITY-ST-ZIP
NEWBERRY, FL 32669

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DPT
Lane, Danny T
STREET ADDRESS
1613 NW 282nd St.
CITY-ST-ZIP
Newberry, FL 32669

☒ Change ☐ Addition

TITLE
NAME
DVS
Lane, Denise R.
STREET ADDRESS
1613 NW 282nd St.
CITY-ST-ZIP
Newberry, FL 32669

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Denise B. Lane Denise B. Lane 7-15-04 352-472-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30
aw