

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-20-2005 90028 029 ***150.00

DOCUMENT # P98000011753

1. Entity Name
DFL PROPERTIES, INC.



Principal Place of Business

434 LYONS BAY ROAD
NOKOMIS, FL 34275

Mailing Address

434 LYONS BAY ROAD
NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0809630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOELFEL, ROBERT L
434 LYONS BAY ROAD
NOKOMIS, FL 34275

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PC
NAME: WOELFEL, ROBERT L
STREET ADDRESS: 434 LYONS BAY RD
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: ST
NAME: WOELFEL, JERRY C
STREET ADDRESS: 434 LYONS BAY RD
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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IN THIS SPACE**

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

ROBERT WOELFEL

Date

Daytime Phone #