
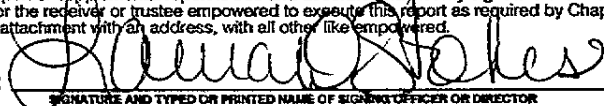


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000017146 1. Entity Name D & L VENTURES, INC.		
Principal Place of Business 2523 BUS 98 PANAMA CITY, FL 32401 US		Mailing Address P.O. BOX 3845 PANAMA CITY, FL 32401
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STOKES, LAURA D 4616 PARK STREET PARKER, FL 32404		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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, DANIEL W II PO BOX 3472 PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STOKES, LAURA D PO BOX 3845 PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 7-1-04 Daytime Phone # 850 768 8775		



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3494399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/06/04-80004-013 150.00

**DO NOT WRITE
IN THIS SPACE**