2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$85303 1. Entity Name 2 D'S & L INC.		V4 V			FILED 2006 NOV -9 PM 4: 04			
Principal Place of Business 1025 ADANS DRIVE KEY LARGO FL 33037		Mailing Address 1025 ADANS DRIVE KEY LARGO FL 33037		,	SECRETARY OF STATE			
2. Principal P	lace of Business 36 159TH CT N #, etc.	3. Mailing Address /5 Suite, Apt. #, etc.	GTH C	7 KJ	REĮ	NSTATE	MEN	T 06
JUPITER FLA		ON SUPPITER, FL		FLA	4. FEI Numb	FEI Number 65-0289098 Applied For Not Applical		
^{Zip} 33	5478 Country USA	^z 33478	Country	SA	5. Certificate	of Status Desired	\$8.75 Add Fee Require	
102	6. Name and Address of Current SH, DANIEL F. 25 ADAMS DR Y LARGO FL 33037	ļ	7. Name and Address of New Registered Agent Name DAN (EL F CASH Street Address (P.O. Box Number is Net Acceptable) CT N City) (1P1TER FL Zip.Gode 4 7 8					
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. Fam familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or britted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 10/12/06 DATE								
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.								
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	CASH, DANIEL F. 11736 159TH CT N JUPITER FL 33478	☐ Delete	TITLE NAME STREET ADDRE	ESS	20 10/25,		5 - Change **550.00	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASH, DARLENE A. 11736 159TH CT N		TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS		00081253 /0601015003	□ Change 852 **200.0	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA Si		TITLE NAME STREET ADDRE CITY-ST-ZIP	736			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST+ZIP		☐ Delete	title Name Street addre City-St-Zip	ess			☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:								
SIGNATURE:								