2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 All Secretary of State DOCUMENT # V73360 1. Entity Name DALZIEL SUPPLY WORLD, INC. Principal Place of Business 920 EAST CARROLL STREET 920 EAST CARROLL STREET KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3149478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo RITCH, JOHN B 100 CHURCH ST. Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 City Zip Code 8. The above named onlity 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 Skinature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ШП ☐ Change Addition DALZIEL, STEPHEN F NAME NAMI U00000695339 5126 ST. GERMAIN STREET ADDRESS STREET ADORESS 04/17/07-80055-018 150.00 ORLANDO FL 32822 CITY ST 7/P CITY-ST-ZIP ШŒ Defete □ Change Addition DALZIEL, WILLIAM S NAME 2622 GENTRE ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CiTY-ST-ZiP CHY-ST-7IP HITLE: T Delete Thù L] Change Addition NAME DALZIEL, BEVERLY J. NAME STREET ADDRESS 2622 GENTRE ST STREET ADDRESS KISSIMMEE FL 34744 CHY-ST-ZIP CITY-ST-ZIP THE Deleic HTU: Change Addition NAME NAMI STREET ADDRESS STREET, FADDRESS CHY-SI-7/P CITY-ST-ZIP TITLE ☐ Delete HIII Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 11111 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I heroby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficier 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: BIGMATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLING Phone of