


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90033 007 ***150.00

DOCUMENT # J27138
 1. Entity Name
 DE LA PLAGE, INC.



Principal Place of Business Mailing Address
 670 N. COURTENAY PKWY P.O. BOX 540941
 17B MERRITT ISLAND, FL 32954 US

J4U1JJJ4



2. Principal Place of Business 3. Mailing Address
 3420 N. Courtenay Pkwy PO Box 321421
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 126

03042004 Chg-P CR2E034 (10/03)

City & State City & State
 Merritt Island FL Cocoa Bch FL
 Zip Country Zip Country
 32953 -US A- 32932 -US A-

4. FEI Number Applied For
 59-2751063 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LUCAS, RONALD J
 429 WATTS WAY
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	LUCAS, RONALD J	
STREET ADDRESS	BOX 540941 N/A	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAY, JOHN	
STREET ADDRESS	BOX 540941 N/A	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, JEAN	
STREET ADDRESS	BOX 540941 N/A	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Box 321421	
CITY-ST-ZIP	Cocoa Bch FL 32932	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Box 321421	
CITY-ST-ZIP	Cocoa Bch FL 32932	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	Box 321421	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ronald J Lucas, Secretary 3/8/04 321-480-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #