


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90043 012 \*\*\*150.00

**DOCUMENT # J27138**

1. Entity Name  
**DE LA PLAGE, INC.**



Principal Place of Business  
**3420 N. COURTENEY PKWY**  
**126**  
**MERRITT ISLAND, FL 32953 US**

Mailing Address  
**P.O. BOX 321421**  
**COCOA BEACH, FL 32932 US**

**40007366**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**976 BREVARD AVE**

Suite, Apt. #, etc.  
**SUITE A**

01192007 Chg-P CR2E034 (12/06)

City & State  
**ROCKLEDGE, FL**

4. FEI Number  
**59-2751063**

Applied For  
 Not Applicable

Zip  
**32955**

Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUCAS, RONALD J</b> <b>P.O. BOX 321421</b> <b>COCOA BEACH, FL 32932</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>429 WATTS WAY</b> <b>COCOA BEACH, FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>RAY, JOHN</b> <b>P.O. BOX 321421</b> <b>COCOA BEACH, FL 32932</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>976 BREVARD AVE, SUITE A</b> <b>ROCKLEDGE, FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>RAY, JEAN</b> <b>P.O. BOX 321421</b> <b>COCOA BEACH, FL 32932</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>976 BREVARD AVE, SUITE A</b> <b>ROCKLEDGE, FL 32955</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **1/23/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #