


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

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 976 BREVARD AVE SUITE A ROCKLEDGE, FL 32955 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2751063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUCAS, RONALD J
 429 WATTS WAY
 COCOA BEACH, FL 32931**

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000804246
 02/05/08-80083-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, RONALD J 429 WATTS WAY COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, JOHN 976 BREVARD AVE, SUITE A ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, JEAN 976 BREVARD AVE, SUITE A ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: **1/18/08** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR