


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000071798 |  |
| 1. Entity Name DELHAGEN ENTERPRISES, INC. | |

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|--|--|
| Principal Place of Business 3210 CLARK ROAD SARASOTA, FL 34231 | Mailing Address 3210 CLARK ROAD SARASOTA, FL 34231 |
|--|--|



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0606087 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DELHAGEN, FOREST L
 3210 CLARK ROAD
 SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

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

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | DELHAGEN, FOREST L |
| STREET ADDRESS | 3210 CLARK RD |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | D |
| NAME | DELHAGEN, CAROLYN L |
| STREET ADDRESS | 3210 CLARK RD |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | D |
| NAME | SEWELL, JAMES C |
| STREET ADDRESS | 3210 CLARK ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 03/20/07-80035-006 150.00

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: *Forest L Delhagen* 03/07/07 (941) 925-8842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #