


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
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
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0608087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Rec'd

6. Name and Address of Current Registered Agent

**DELHAGEN, FOREST L
3210 CLARK ROAD
SARASOTA, FL 34231**

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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 _____ (NOTE: Registered Agent signature is required when separating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	10. Other fees to be paid by filer (e.g., for publication of notice of dissolution)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELHAGEN, FOREST L 3210 CLARK RD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELHAGEN, CAROLYN L 3210 CLARK RD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, JAMES C 3210 CLARK ROAD SARASOTA, FL 34231
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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01/15/08-80037-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further, I 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 **FOREST L. DELHAGEN** 01/09/08 (941) 925-1842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #