


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 237056</b>	
1. Entity Name DELANEY FAMILY INVESTMENTS, INC.	

Principal Place of Business 204 EAST PARK STREET LAKE PLACID, FL 33852-6363	Mailing Address 204 E PARK ST LAKE PLACID, FL 33852-6363
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03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1001732	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  DELANEY, MARY C 204 EAST PARK STREET LAKE PLACID, FL 33852-6363	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Mary Constance Delaney (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DELANEY, CONSTANCE M 204 E PARK STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELANEY, ROBERT M 231 N. MAIN AVE LAKE PLACID, FL 338522607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC RIDGEWAY, KAYE D 204 E PARK STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, LAMONTE L 207 BOREN AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, MARK L 446 REDWAKER LANE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIK, MARY M 409 GRAND PRIX DRIVE SEABRING, FL 33870

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04/04/08-80007-010 158.75

**DO NOT WRITE IN THIS SPACE**

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: Kaye D. Ridgeway Kaye D. Ridgeway 037608 863465 3047

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Signature and Title of Registered Agent or Director Date Daytime Phone #