2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 237056

Entity Name: DELANEY FAMILY INVESTMENTS, INC.

FILED Feb 05, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
204 EAST PARK STREET LAKE PLACID, FL 338526363				204 EAST PARK STREET LAKE PLACID, FL 33852		
Current Mailing Address:				New Mailing Address:		
204 E PARK ST LAKE PLACID, FL 338526363				PO BOX 262 LAKE PLACID, FL 33852		
FEI Number: 59-1001732 FEI Number Applied For () FEI			FEI Nun	umber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LAKE PLA The above	PARK STREE CID, FL 33852	26363 US	urpose o	f changing it	s registered office or registered agent, or both,	
SIGNATUR						
	Electror	ic Signature of Registered Age	nt		Date	
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO () DELANEY, CON 204 E PARK ST LAKE PLACID,	REET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DELANEY, ROE 231 N. MAIN AV LAKE PLACID,	/E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STDC () RIDGEWAY, K/ 204 E PARK ST LAKE PLACID,	REET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DELANEY, LAM 207 BOREN AV LAKE PLACID,	'ENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DELANEY, MAF 446 REDWAKE LAKE PLACID,	R LANE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition DELANEY, MARK L 113 REDWATER LANE LAKE PLACID, FL 33852	
Title: Name: Address:	D () STAIK, MARY M 409 GRAND PR			Title: Name: Address:	D (X) Change () Addition STAIK, MARY M 409 GRAND PRIX DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SEBRING, FL 33870

SIGNATURE: MARK L DELANEY D 02/05/2009

SEABRING, FL 33870

City-St-Zip: