


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 844126	
1. Entity Name DELANEY DEVELOPMENT, INC.	

Principal Place of Business 3716 SPRINGHILL MEMORIAL DR N P O BOX 16126 MOBILE, AL 36616	Mailing Address 3716 SPRINGHILL MEMORIAL DR N P O BOX 16126 MOBILE, AL 36616
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0412882	<input type="checkbox"/> Applying 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 SWANSON, CAROLINE M 940 SANTA ROSA BLVD. FT. WALTON BEACH, FL 33548

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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DELANEY, JAMES R
STREET ADDRESS	3731 CALDERWOOD
CITY-ST-ZIP	MOBILE, AL
TITLE	VD
NAME	DELANEY, WILLIAM R
STREET ADDRESS	11 KINGSWAY
CITY-ST-ZIP	MOBILE, AL
TITLE	VD
NAME	FROST, DARLENE D
STREET ADDRESS	431, MARQUETTE DR
CITY-ST-ZIP	MOBILE, AL
TITLE	D
NAME	DELANEY, BILLIE M
STREET ADDRESS	3731 CALDERWOOD
CITY-ST-ZIP	MOBILE, AL
TITLE	D
NAME	DELANEY, MARY H
STREET ADDRESS	11 KINGSWAY
CITY-ST-ZIP	MOBILE, AL
TITLE	S
NAME	FROST, SPENCER C
STREET ADDRESS	5758 DUCHESS CT
CITY-ST-ZIP	MOBILE, AL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andy T Brown V.P. (ANDY T. BROWN) 7/2/04 251-460-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #