

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000004224

1. Entity Name

DELAWARE HOMES.COM, INC.



Principal Place of Business

100 W PLUME ST
NORFOLK, VA 23510

Mailing Address

P O BOX 2576
NORFOLK, VA 23510

FILED
Jan 10, 2006 08:00 AM
Secretary of State



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3347210

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, CONRAD 100 W. PLUME ST NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ILL, PETER 100 W. PLUME ST NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOFFMANN, NORMAN 100 W. PLUME ST NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ASKEW, MICHAEL 100 W. PLUME ST NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/06-80076-010 150.00

**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: *[Signature]*

MICHAEL E ASKEW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #