

APR-27-2007 08:43

TYMAN CARUSO GROSS & ASSO

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90026 032 ***150.00

DOCUMENT # F01000005723

1. Entity Name

DELRAY FINANCIAL CORPORATION



Principal Place of Business

2220 22 LANE
PALM BEACH GARDENS, FL 33418

Mailing Address

4521 PGA BLVD
#265
PALM BEACH GARDENS, FL 33418**DO NOT WRITE IN THIS SPACE**

04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0469913

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BREAZEALE, JOHN
4521 PGA BLVD
#265
PALM BEACH GARDENS, FL 33418**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

(PACFE Registered Agent signature required when reappointing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREAZEALE, JOHN
STREET ADDRESS	4521 PGA BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 561313955

Date Daytime Phone #