

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005085

FILED
Apr 10, 2012
Secretary of State

Entity Name: DELORES OF WANCHESE, INCORPORATED

Current Principal Place of Business:

2000 NORTHGATE COMMERCE PKWY
SUFFOLK, VA 23435

New Principal Place of Business:

Current Mailing Address:

2000 NORTHGATE COMMERCE PKWY
SUFFOLK, VA 23435

New Mailing Address:

FEI Number: 56-1142539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, ESTHER
2976 OAK CREEK LN
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DANIELS, KENNY
Address: 2000 NORTHGATE COMMERCE PARKWAY
City-St-Zip: SUFFOLK, VA 23435

Title: VPD
Name: DANIELS, JOEY
Address: 2000 NORTHGATE COMMERCE PARKWAY
City-St-Zip: SUFFOLK, VA 23435

Title: STD
Name: DANIELS, SAM
Address: 2000 NORTHGATE COMMERCE PARKWAY
City-St-Zip: SUFFOLK, VA 23435

Title: VPD
Name: DANIELS, TIMMY
Address: 2000 NORTHGATE COMMERCE PARKWAY
City-St-Zip: SUFFOLK, VA 23435

Title: D
Name: DANIELS, CHRIS
Address: 2000 NORTHGATE COMMERCE PARKWAY
City-St-Zip: SUFFOLK, VA 23435

Title: D
Name: DANIELS, MICHAEL
Address: 2000 NORTHGATE COMMERCE PARKWAY
City-St-Zip: SUFFOLK, VA 23435

I hereby 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 all other like empowered.

SIGNATURE: SAM DANIELS

STD

04/10/2012

Electronic Signature of Signing Officer or Director

Date