

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F16658

1. Entity Name

J. LOUIS DELANY, C.P.A., P.A.



Principal Place of Business

6316 SAN JUAN AVENUE
SUITE 44

JACKSONVILLE, FL 32210 US

Mailing Address

6316 SAN JUAN AVENUE
SUITE 44

JACKSONVILLE, FL 32210 US

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2057694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANY, J. LOUIS
6316 SAN JUAN AVENUE
SUITE 44
JACKSONVILLE, FL 32210

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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
After May 1, 2007 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
DP
DELANY, J LOUIS
6316 SAN JUAN AVENUE, SUITE 44
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000592312
01/19/07-80051-023 150.00

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

1/16/07
Date

904-384-3660
Daytime Phone #