

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 049 ***150.00

DOCUMENT # F88866

1. Entity Name

W. R. DE LONG, INC.



Principal Place of Business

5022 73 AVENUE N
PINELLAS PARK FL 33781
US

Mailing Address

5022 73 AVENUE N
PINELLAS PARK FL 33781
US



2. Principal Place of Business

6755 55 STREET

Suite, Apt. #, etc.

3. Mailing Address

6755 55 STREET

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PINELLAS PARK, FL.

City & State

PINELLAS PARK, FL.

4. FEI Number

59-2205770

Applied For

Not Applicable

Zip

33781

Country

US

Zip

33781

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELONG, WILLIAM R
6252 68 AV N
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME DELONG, WILLIAM R
STREET ADDRESS 6252 68TH AVE NO
CITY-ST-ZIP PINELLAS PARK, FL 00000

TITLE VSD ☐ Delete
NAME DELONG, MARGARET M.
STREET ADDRESS 6252 68TH AVE NO
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Margaret M. DeLong MARGARET M. DE LONG 4-17-06 275480584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #