


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003284
 1. Entity Name
 STOLTZ MANAGEMENT OF DELAWARE, INC.



Principal Place of Business Mailing Address
 725 CONSHOHOCKEN STATE RD 725 CONSHOHOCKEN STATE RD
 BALA CYNWYD, PA 19004 BALA CYNWYD, PA 19004

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 51-0369081 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOLTZ, KEITH D
STREET ADDRESS	3828 KENNETT PIKE, SUITE 212
CITY-ST-ZIP	GREENVILLE, DE 19807
TITLE	VPS
NAME	STOLTZ, RANDY M
STREET ADDRESS	3828 KENNETT PIKE SUITE 212
CITY-ST-ZIP	GREENVILLE, DE 19807
TITLE	VPAS
NAME	KRIPKE, MARK S
STREET ADDRESS	8801 CURTIS TERRACE
CITY-ST-ZIP	WYNMOOR, PA 19038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000100238851
 02/22/05-80017-012 50.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark S Kripke, CFO Date: 2/8/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR