

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000005539

1. Entity Name
DELEO & COMPANY, P.C.



Principal Place of Business
12 ASPETUCK AVE.
NEW MILFORD, CT 06776

Mailing Address
12 ASPETUCK AVE.
NEW MILFORD, CT 06776

FILED
Mar 25, 2008 08:00 AM
Secretary of State



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0953626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELEO, RALPH J
1194 SW LIVE OAK COVE
PORT SAINT LUCIE, FL 34986

**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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DELEO, RALPH J
STREET ADDRESS	1194 SW LIVE OAK COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986

TITLE	DS
NAME	CHACE, ROGER
STREET ADDRESS	14 SEYMOUR ST.
CITY-ST-ZIP	WATERTOWN, CT 06795

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80079-020 150.00

**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

Date

Daytime Phone #

3-20-08

860-3549301