

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90201 044 \*\*\*150.00

**DOCUMENT # F96000005797**

1. Entity Name  
**DELUCA GROUP, INC.**



Principal Place of Business  
**107 FLORAL VALE BLVD.  
YARDLEY, PA 19067 US**

Mailing Address  
**107 FLORAL VALE BLVD.  
YARDLEY, PA 19067 US**

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**23-1892084**

Applied For  
Not Applicable

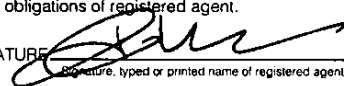
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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, 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	PCD
NAME	DELUCA, ALFONSO
STREET ADDRESS	107 FLORAL VALE BLVD.
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	VTD
NAME	DELUCA, VINCENT G
STREET ADDRESS	107 FLORAL VALE BLVD.
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	VSD
NAME	DELUCA, JOSEPH A
STREET ADDRESS	107 FLORAL VALE BLVD.
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	ASD
NAME	DELUCA, JAMES A
STREET ADDRESS	107 FLORAL VALE BLVD.
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	AS
NAME	HAINES II, RUSH T
STREET ADDRESS	1345 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA
TITLE	VP
NAME	ROSEN, ROBERT T
STREET ADDRESS	620 N. WYMORE ROAD
CITY-ST-ZIP	MAITLAND, FL 32751

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05

Date

215-860-6500

Daytime Phone #