


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003985	
1. Entity Name DEL LAGO VENTURES, INC.	

Principal Place of Business 300 TECHNOLOGY COURT SMYRNA, GA 30082	Mailing Address 300 TECHNOLOGY COURT SMYRNA, GA 30082
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2475871	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T 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, 2004 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	PASD LENKER, MAX 300 TECHNOLOGY COURT SMYRNA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOA BOLCH JR, CARL 300 TECHNOLOGY COURT SMYRNA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOLCH, SUSAN B 300 TECHNOLOGY COURT SMYRNA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TASC DUMBACHER, ROBERT J 300 TECHNOLOGY COURT SMYRNA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, ALLISON B 300 TECHNOLOGY COURT SMYRNA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS CZAJA, CLAUDE P 300 TECHNOLOGY CT SMYRNA, GA 30082

000000134832
04/28/04-80035-021 150.00

**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)(f), 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: Robert J. Dumbacher **4-26-04 (770) 431-7600, x.1188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT J. DUMBACHER