

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 016 ***150.00

DOCUMENT # F99000003985

1. Entity Name
DEL LAGO VENTURES, INC.



Principal Place of Business
**3225 CUMBERLAND BLVD.
STE 100
ATLANTA, GA 30339**

Mailing Address
**3225 CUMBERLAND BLVD.
STE 100
ATLANTA, GA 30339**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2475871

Applied For
Not Applicable

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

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

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PASD
LENKER, MAX
3225 CUMBERLAND BLVD, STE. 100
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CASC
BOLCH JR, CARL
3225 CUMBERLAND BLVD, STE. 100
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
BOLCH, SUSAN B
3225 CUMBERLAND BLVD, STE. 100
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TASC
DUMBACHER, ROBERT J
3225 CUMBERLAND BLVD, STE. 100
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MORAN, ALLISON B
3225 CUMBERLAND BLVD, STE. 100
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPAS
GURA, PHILIP P
3225 CUMBERLAND BLVD, STE 100
ATLANTA, GA 30339**

**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 #

3-26-08 770-431-7600