

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # G46225

1. Entity Name
DELOSDRAVA, INC.



Principal Place of Business
**520 S MAGNOLIA AVE.
ORLANDO, FL 32801**

Mailing Address
**520 S MAGNOLIA AVE.
ORLANDO, FL 32801**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2302741

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREIG, JOSEPH F.
520 S MAGNOLIA AVE.
ORLANDO, FL 32801**

**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**

UD00000938315
05/27/08-80084-013-158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINGLETON, RALPH D.
STREET ADDRESS	529 VERSAILLES DR
CITY-ST-ZIP	MAITLAND, FL
TITLE	SD
NAME	BOWYER, JAMES W.
STREET ADDRESS	520 S. MAGNOLIA AVE.
CITY-ST-ZIP	ORLANDO, FL
TITLE	VTD
NAME	BREIG, JOSEPH F.
STREET ADDRESS	520 S MAGNOLIA AVE.
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

James W. Bowyer

4/28/08
Date

407-843-5120
Daytime Phone #