

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09020

Entity Name: DELMAN, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2301 S DEL PRADO BLVD
#665
CAPE CORAL, FL 33990 US

Current Mailing Address:

2301 S DEL PRADO BLVD
#665
CAPE CORAL, FL 33990 US

New Principal Place of Business:

900 SW PINE ISLAND RD
SUITE 118
CAPE CORAL, FL 33991 US

New Mailing Address:

900 SW PINE ISLAND RD
SUITE 118
CAPE CORAL, FL 33991 US

FEI Number: 59-2411429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTRELL, JAMES L.
1714 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELMAN, LINDA S.
Address: 5514 SW 9 AVE
City-St-Zip: CAPE CORAL FL,

Title: ST () Delete
Name: DELMAN, LORRY
Address: 5514 SW 9 AVE
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S DELMAN

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date