2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H31199

1. Entity Name
DELPIT & FRIENDS, INC.

Principal Place of Business	Mailing Address
180 E. OCEAN BLVD., #1010 LONG BEACH, CA 90802	180 E. OCEAN BLVD., #1010 LONG BEACH, CA 90802

01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2472982
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, WILTON L ESQ.
625 NORTH FLAGLER DR.
9TH FLOOR
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DELPIT, LARRY D
STREET ADDRESS	180 E OCEAN BLVD #1010
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	S
NAME	BLANCHETTE, BETTI-JANE
STREET ADDRESS	180 E OCEAN BLVD #1010
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	T
NAME	ODOM, BARBARA
STREET ADDRESS	180 E OCEAN BLVD #1010
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/06-80007-010 150.00

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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: Barbara Odom Treasurer Barbara Odom 2/1/06 562-590-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #