

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # H71998

1. Entity Name  
ADELPHI PROPERTIES, INC.



Principal Place of Business

123 AVENUE "C" SW  
P.O. DRAWER 1151  
WINTER HAVEN, FL 33882-1151 US

Mailing Address

123 AVENUE "C" SW  
P.O. DRAWER 1151  
WINTER HAVEN, FL 33882-8151



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2610812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRAKAS, ANDREW P.  
123 AVENUE "C" SW  
WINTER HAVEN, FL 33880

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 PD  
NAME TRAKAS, A.PETER  
STREET ADDRESS 123 AVE. "C" SW  
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VP  
NAME TRAKAS, PETER A II  
STREET ADDRESS 123 AVE. C, S.W.  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE T  
NAME TRAKAS, ALYSA A  
STREET ADDRESS 123 AVE. C, S.W.  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE S  
NAME TRAKAS, ADRIENNE T  
STREET ADDRESS 123 AVE. C S.W.  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000783514  
01/16/08-80017-014 150.00

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:

*A. Peter Trakas - Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 10, 2008*  
Date

Daytime Phone #