

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90303 011 ***150.00

DOCUMENT # K94793

1. Entity Name

DILAPO, INC.



Principal Place of Business

2777 HILLSBORO BLVD
2777 W HILLSBORO BLVD
DEERFIELD BCH FL 33442
US

Mailing Address

2777 HILLSBORO BLVD
2777 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0153230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

DILAPO, JANE T.
2777 HILLSBORO BLVD
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

DILAPO, JONATHAN K.

Street Address (P.O. Box Number is Not Acceptable)

2777 W. Hillsboro Blvd

City

Deerfield Beach

FL

Zip Code

33442

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

Jonathan K. Dilapo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

4/14/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	DILAPO, JANE	
STREET ADDRESS	2777 W HILLSBORO BLVD	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DILAPO, JONATHAN	
STREET ADDRESS	2777 HILLSBORO	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jonathan K. Dilapo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

Daytime Phone #