


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90005 015 ***150.00

DOCUMENT # P00000033537		
1. Entity Name CARMEN M. DELISI INSURANCE, INC.		
Principal Place of Business 950-6 BLANDING BLVD. ORANGE PARK, FL 32065	Mailing Address 950-6 BLANDING BLVD. ORANGE PARK, FL 32065	

J4061000



01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business <i>1742 Country Walk Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>1742 Country Walk Dr</i> Suite, Apt. #, etc.		4. FEI Number 59-3636612	Applied For <input type="checkbox"/> Not Applicable
City & State <i>Orange Park FL</i>	City & State <i>Orange Park FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>32065</i>	Country	Zip <i>32065</i>	Country		

6. Name and Address of Current Registered Agent TOLSON, JOHN F JR. 462 KINGSLEY AVE., STE 101 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DELISI, CARMEN M 1742 COUNTRY WALK D ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carmen M. Delisi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04 Date *904-278-2470* Daytime Phone #