

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2004 MAY 25 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067651

1. Entity Name
DELCOUR PROPERTIES, INC.



Principal Place of Business 9234 COURTNEY LN TALLAHASSEE, FL 32310 32305	Mailing Address 9234 COURTNEY LN TALLAHASSEE, FL 32310 32305
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3699272	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGA, RONALD
9234 COURTNEY LN
TALLAHASSEE, FL ~~32310~~ 32305

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 _____ DATE 05/26/04

500037345685
05/26/04--01055--020 **\$550.00

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGA, RONALD 9234 COURTNEY LN TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REGA, ROBIN L 9234 COURTNEY LN TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

*Van
5/25/04*

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: Robin Rega Secretary Treasurer 5/20/04 850-410-5059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
850-421-6510