


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90072 003 ***150.00

DOCUMENT # P0000097439					
1. Entity Name DELIGHTHOUSE, INC.					
Principal Place of Business 927 E CAPE CORAL PKWY CAPE CORAL, FL 33904			Mailing Address 927 E CAPE CORAL PKWY CAPE CORAL, FL 33904		
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 65-1096817	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent FERNANDEZ, OSCAS 19267 PINE RUN IN FT. MYERS, FL 33912				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				01122004 Chg-P CR2E034 (10/03)	
Name <u>Fernandez, OSCAR H</u> Street Address (P.O. Box Number is Not Acceptable) <u>19267 PINE RUN LN</u> City <u>FT. MYERS</u> FL Zip Code <u>33912</u>				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 <u>Oscar H</u> DATE <u>1/12/2004</u>	
				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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTT <input type="checkbox"/> Delete	TITLE	<u>P/D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, OSCAS H	NAME	<u>Fernandez, OSCAR H</u>		
STREET ADDRESS	19267 PINE RUN IN	STREET ADDRESS	<u>19267 PINE RUN LN</u>		
CITY-ST-ZIP	FT. MYERS, FL 33912	CITY-ST-ZIP	<u>FT MYERS FL 33912</u>		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, MELVIS E	NAME			
STREET ADDRESS	19267 PINE RUN IN	STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL 33912	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Oscar H pros</u>			Date <u>1-12-04</u> (239) 872-8074		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		