


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90018 035 ***150.00

DOCUMENT # P0000107700	
1. Entity Name DELCOR DEVELOPMENT, INC.	

Principal Place of Business 280 S. COLLIER BLVD. #2203 MARCO ISLAND, FL 34145	Mailing Address 280 S. COLLIER BLVD. #2203 MARCO ISLAND, FL 34145
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3714130	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 CHILDS, DONALD G 983 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145
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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 _____ 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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELAPA, JOANNE C 66 OAK STREET, BOX 244 WESTWOOD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELAPA, JOSEPH 66 OAK STREET, BOX 244 WESTWOOD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SITEMAN, JANINE E 19 DELADA CIR. SOUTH WALPOLE, MA 02071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joseph Delapa **Joseph DELAPA** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-8-04 Date 781-769-3384 Daytime Phone #