


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90123 006 ***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



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3714130 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
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, 2005 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	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: *Antony F. Delapa* **ANTHONY F. DELAPA** 4-26-05 781-765-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #