


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90853 019 \*\*\*150.00

**DOCUMENT # P00000107700**

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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

04242007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reconstituting)  
 Signature: typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DELAPA, JOANNE C	
STREET ADDRESS	66 OAK STREET, BOX 244	
CITY - ST - ZIP	WESTWOOD, MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELAPA, JOSEPH	
STREET ADDRESS	66 OAK STREET, BOX 244	
CITY - ST - ZIP	WESTWOOD, MA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SITEMAN, JANINE E	
STREET ADDRESS	19 DELADA CIR.	
CITY - ST - ZIP	SOUTH WALPOLE, MA 02071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPA, JOANNE C	
STREET ADDRESS	193 BAY COLONY DRIVE	
CITY - ST - ZIP	WESTWOOD, MA 02090	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPA, JOSEPH	
STREET ADDRESS	25 ROCKLAND ST. # 11	
CITY - ST - ZIP	WEST ROXBURY, MA 02132	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITEMAN, JANINE E	
STREET ADDRESS	19 DELAPA CIRCLE	
CITY - ST - ZIP	SOUTH WALPOLE, MA 02071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Janine Siteman **JANINE SITEMAN** 4-24-07 781-769-3384  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #