

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000093239

Entity Name: DELUXE OF DELRAY, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16 E ATLANTIC AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

52 NORTH SWINTON AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 65-1146205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRASKER, PAUL A  
625 N FLAGLER DR, 9TH FL  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

KRASKER, PAUL A  
225 SOUTH OLIVE AVE  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

01/13/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAYO, RODNEY  
Address: 518 CLEMATIS ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: FRIELICH, SCOTT  
Address: 52. NORTH SWINTON AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: O  
Name: ROBINSON, DAVID  
Address: 857 BIVE RIDGE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT FRIELICH

VP

01/13/2011

Electronic Signature of Signing Officer or Director

Date