


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90319 027 ***150.00

DOCUMENT # P01000097829							
1. Entity Name DELCOR FARMS, 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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 02-0536035			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHILDS, DONALD G 983 N. COLLIER BOULEVARD MARCO ISLAND, FL-34145			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DELAPA, ANTHONY F		NAME				
STREET ADDRESS	66 OAK ST.		STREET ADDRESS				
CITY-ST-ZIP	WESTWOOD, MA 02090		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DELAPA, JOSEPH A		NAME				
STREET ADDRESS	25 ROOKLANDS ST.		STREET ADDRESS				
CITY-ST-ZIP	WEST ROXBURY, MA 02132		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SITEMAN, JANINE E		NAME				
STREET ADDRESS	19 DELANA CIR.		STREET ADDRESS				
CITY-ST-ZIP	WALPOLE, MA 02081		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DELAPA, JUANNE C		NAME	DELAPA, JOANNE C			
STREET ADDRESS	66 OAK ST.		STREET ADDRESS	66 OAK STREET			
CITY-ST-ZIP	WESTWOOD, MA 02090		CITY-ST-ZIP	WESTWOOD, MA 02090			
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				
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: <i>Anthony F. Delapa</i>			ANTHONY F. DELAPA 4-29-04 781-765-3284				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				