


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90406 020 ***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
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DO NOT WRITE IN THIS SPACE

1701006J



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0536035	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, ANTHONY F 66 OAK ST. WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELAPA, JOSEPH A 25 ROOKLANDS ST. WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITEMAN, JANINE E 19 DELANA CIR. WALPOLE, MA 02081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEGADA, JOANNE C 66 OAK ST. WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joanne C. Siteman Jan C. Degada 4-26-05 781-769-7384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #