


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90021 001 ***150.00
03-25-2008 90021 002 ***150.00

DOCUMENT # P02000003528	
1. Entity Name DELANEY & ASSOCIATES CONSULTING, INC.	

Principal Place of Business 4551 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224	Mailing Address 4551 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 60-0002590	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent DELANEY, KEVIN F 4551 SWILCAN BRIDGE LN N JACKSONVILLE FL 32224	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Kevin F. Delaney* *Kevin F. Delaney* *2/29/08*
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DELANEY, KEVIN F 4551 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DELANEY, PATRICIA 4551 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kevin F. Delaney* *2/29/08* *904 699 3597*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #