


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000068807</b> 1. Entity Name DALEORA, INC.	
---	---

Principal Place of Business 4732 PEPPER BUSH LN BOYNTON BEACH, FL 33436	Mailing Address 4732 PEPPER BUSH LN BOYNTON BEACH, FL 33436
---	---

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent  
  
KENDALL, ROBERT D  
4732 PEPPER BUSH LN  
BOYNTON BEACH, FL 33436

  
05042004 No Chg-P CR2E034 (10/03)  
4. FEI Number  
42-1540401  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
Applied For  
Not Applicable

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when retaking) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KENDALL, ROBERT D 4732 PEPPER BUSH LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KENDALL, VICTORIA L 4732 PEPPER BUSH LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000157269  
05/06/04-80020-008 150.00

**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: Robert D. Kendall **ROBERT D. KENDALL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/1/04 Daytime Phone # 561-752-3840