

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000122010

1. Entity Name
DEL-CAR-COR, INC.



Principal Place of Business
39 MEADOWOOD TRAIL
DELAND, FL 32724

Mailing Address
39 MEADOWOOD TRAIL
DELAND, FL 32724

**FILED
Jan 26, 2005 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0495647	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

CORBETT, ROBERT D
39 MEADOWOOD TRAIL
DELAND, FL 32724

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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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

\$5.00 May Be
Added to Fees

1000700199275
01/27/05-80085-002 150.01

10. OFFICERS AND DIRECTORS

TITLE P
NAME CORBETT, ROBERT D
STREET ADDRESS 39 MEADWODWOOD TR.
CITY-ST-ZIP DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
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: *Robert D Corbett* Robert D Corbett 1-2405 386 235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime 43847