


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90319 031 ***150.00

DOCUMENT # P02000126777	
1. Entity Name DELA WEST, INC.	

Principal Place of Business 280 S. COLLIER BLVD. UNIT #2203 MARCO ISALND, FL 34145	Mailing Address 280 S. COLLIER BLVD. UNIT #2203 MARCO ISALND, FL 34145
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DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0772939	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
 983 N. COLLIER BLVD.
 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, 2004 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELADA, ANTHONY F 66 OAK STREET WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELAPA, JOANNE 66 OAK STREET WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITEMAN, JANINE E 19 DELADA CIRCLE SOUTH WALPOLE, MA 02071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Anthony F. Delada **Anthony F. DELADA** 4-21-04 781-765-3384

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