

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90546 022 ***150.00

DOCUMENT # P03000034922 1. Entity Name DALMA AND ASSOCIATES, INC.																																																					
Principal Place of Business 737 CREEK WATER TERRACE APT 209 LAKE MARY, FL 32746				Mailing Address 737 CREEK WATER TERRACE APT 209 LAKE MARY, FL 32746																																																	
2. Principal Place of Business 4120 CHRISTA COURT Suite, Apt. #, etc.		3. Mailing Address 4120 CHRISTA COURT Suite, Apt. #, etc.																																																			
City & State WINTER PARK Zip 32792		City & State WINTER PARK Zip 32792		4. FEI Number 14-1875174 Applied For <input type="checkbox"/> Not Applicable																																																	
Country SEMINOLE		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent ACOSTA, MARILYN 737 CREEK WATER TERRACE APT 209 LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name ACOSTA, MARILYN Street Address (P.O. Box Number is Not Acceptable) 4120 CHRISTA COURT City WINTER PARK FL Zip Code 32792																																																	
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  DATE 4/5/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">P ACOSTA, MARILYN 737 CLEARWATER TR #203 LAKE MARY, FL 32746</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, MARILYN 737 CLEARWATER TR #203 LAKE MARY, FL 32746	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">P ACOSTA, MARILYN 4120 CHRISTA COURT WINTER PARK FL 32792</td> <td style="width:30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, MARILYN 4120 CHRISTA COURT WINTER PARK FL 32792	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
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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:  DATE 4/5/05 DAYTIME PHONE # 407-271-3002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					