## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P03000060851** 03-12-2004 90009 010 \*\*\*150.00 DELÁCEY ENTERPRISES, INC. Principal Place of Business Mailing Address 243 W. PARK AVENUE 243 W. PARK AVENUE SUITE 201 SUITE 201 WINTER PARK, FL 32789 WINTER PARK, FL 32789 US 2. Principal Place of Business 3. Mailing Address 22037 Aslatic St. 22037 Aslatic St. Suite, Apt. #, etc. Suite, Apt. #, etc. 02282004 TAX () CR2E034 (10/03) NØ 4. FEI Number Applied For City & State City & State 20-0166737 Boca Raton, Boca Raton, FLNot Applicable Country Country \$8.75 Additional 33428 5. Certificate of Status Desired 33428 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELACEY, GARY M. Street Address (P.O. Box Number is Not Acceptable) 22037 ASLATIC ST. BOCA RATON, FL. 33428 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD TITLE Delete TITLE Change Addition DeLacey, Gary M. -DELACEY, GARY M NAME NAME 22037 Aslatic St. STREET ADDRESS **4 HARTLEY ROAD** STREET ADDRESS CITY-ST-ZIP WELLINGTON, KENT, UK DA16 1BB CITY-ST-ZIP Boca Raton, FL 33428 Delete TITLE Change ■ Addition TITLE VPD NAME DELACEY, DEBORAH J NAME DeLacey, Deborah J. STREET ADDRESS 4 HARTLEY ROAD STREET ADDRESS 22037 Aslatic St. CITY-ST-ZIP WELLINGTON, KENT, UK DA16 1BB CITY-ST-ZIP Boca Raton, FL 33428 Delete TITLE [ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TIT: F Delete\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 w , with الع other like empowered. 3.9.04 SIGNATURE: ME OF SIGNING OFFICER OF DIRECTOR

**FILED** 

Mar 12, 2004 8:00 am