

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90020 045 \*\*\*150.00

**DOCUMENT # P03000105977**

1. Entity Name

DLCT CORP.



Principal Place of Business

630 S.E. 1ST TERR.  
CAPE CORAL FL 33990

Mailing Address

630 S.E. 1ST TERR.  
CAPE CORAL FL 33990

2. Principal Place of Business

4720 SE 15TH Ave

Suite, Apt. #, etc.

115

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

Zip

33904

Country

Zip

Country

4. FEI Number

57-1188015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

DEBBIE CHAPMAN-TONETTI

Street Address (P.O. Box Number is Not Acceptable)

630 SE 15TH AVE. B

City

CAPE CORAL

FL

Zip Code

33990

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

Debbie Chapman-Tonetti

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
CHAPMAN-TONETTI, DEBBIE L  
630 S.E. 1ST TERR.  
CAPE CORAL FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBBIE CHAPMAN-TONETTI

3/28/04

Date

239-542-6222

Daytime Phone #