


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90003 018 ***150.00

DOCUMENT # P04000016551		
1. Entity Name DELVALLE LAW GROUP, P.A.		

Principal Place of Business 1100 NORTH MAIN STREET SUITE B KISSIMMEE, FL 34744 US	Mailing Address P.O. BOX 421406 KISSIMMEE, FL 34742 US
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2. Principal Place of Business - No P.O. Box # 501 N. Atlantic Avenue	3. Mailing Address Suite, Apt. #, etc.
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City & State Daytona Beach, FL	City & State
Zip 32118	Country Volusia



08082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DELVALLE, WILLIAM B ESQ. 1122 NORTH MAIN STREET SUITE A KISSIMMEE, FL 34744	
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7. Name and Address of New Registered Agent Name William B Delvalle Esq.	
Street Address (P.O. Box Number is Not Acceptable) 501 N Atlantic Avenue	
City Daytona Beach	FL Zip Code 32118

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELVALLE, WILLIAM B ESQ. 1122 NORTH MAIN STREET, SUITE A KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delvalle, William B, Esq. 501 N. Atlantic Avenue Daytona Beach, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William B Delvalle **8/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #