

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 040 ***150.00

DOCUMENT # P04000078181

1. Entity Name
PAMELA L. DELPAPA INCORPORATED



Principal Place of Business
**3047 SW VIRGINIA AVENUE
PALM CITY, FL 33490**

Mailing Address
**3047 SW VIRGINIA AVENUE
PALM CITY, FL 33490**

50061461



2. Principal Place of Business
458 Juno Dunes Way
Suite, Apt. #, etc.

3. Mailing Address
458 Juno Dunes Way
Suite, Apt. #, etc.

08102005 Chg-P CR2E034 (10/03)

City & State
Juno Beach, FL

City & State
Juno Beach, FL

4. FEI Number
54-2151707

Applied For
Not Applicable

Zip Country
33408

Zip Country
33408

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELPAPA, PAMELA L
3047 SW VIRGINIA AVENUE
PALM CITY, FL 33490**

7. Name and Address of New Registered Agent

Name

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

458 Juno Dunes Way

City
Juno Beach

FL

Zip Code
33408

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

Pamela L. Delpapa

8-11-05

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DELPAPA, PAMELA L**
STREET ADDRESS **3047 SW VIRGINIA AVENUE**
CITY-ST-ZIP **PALM CITY, FL 33490**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **458 Juno Dunes Way**
CITY-ST-ZIP **Juno Beach, FL 33408**

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

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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 with an address, with all other like empowered.

SIGNATURE:

Pamela L. Delpapa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela L. Delpapa

Date

561-573-9292

Daytime Phone #