

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000027438

1. Entity Name  
DEL MAR DEVELOPMENT GROUP, INC.



Principal Place of Business

2979 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

Mailing Address

2979 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2491332

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAUL, WALCZAK M  
2979 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PAUL, WALCZAK M  
STREET ADDRESS 2979 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE S  
NAME ELIZABETH, FAGO M  
STREET ADDRESS 2979 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VP  
NAME FAGO, A D  
STREET ADDRESS 2979 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/18/07-80076-016 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #