

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000124932

1. Entity Name
DELPHI CONSULTANTS, INC.



Principal Place of Business
1714 ARABIAN LANE
PALM HARBOR, FL 34685

Mailing Address
1714 ARABIAN LANE
PALM HARBOR, FL 34685



01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3446225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOYMARIANOS, EVANGELOS
1714 ARABIAN LN
PALM HARBOR, FL 34685

**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

U00000669660
03/27/07-80079-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME KOYMARIANOS, EVANGELOS G
STREET ADDRESS 1714 ARABIAN LANE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE V
NAME KOYMARIANOS, KIRIAKI
STREET ADDRESS 1714 ARABIAN LANE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

**PLEASE SIGN,
DATE & MAIL**

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

EVANGELOS KOYMARIANOS
PRESIDENT

Date

Daytime Phone #