

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90021 037 ***150.00

DOCUMENT # P05000127735

1. Entity Name

DEGLACE AND ASSOCIATES, INC.



Principal Place of Business

16548 SW 32ND STREET
MIRAMAR FL 33027

Mailing Address

16548 SW 32ND STREET
MIRAMAR FL 33027



2. Principal Place of Business

39 NW 166 st

Suite, Apt. #, etc.

Suite 3

City & State

Miami, FL 33169

Zip

Country

USA

3. Mailing Address

39 NW 166 st

Suite, Apt. #, etc.

3

City & State

Miami, FL 33169

Zip

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOBO-DEGLACE, EVELYNE G
16548 SW 32ND STREET
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name
Bobo-Deglance, Evelynne
Street Address (P.O. Box Number is Not Acceptable)
16548 SW 32nd st
miramar, FL 33027
City
FL Zip Code

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]

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

(NOTE: Registered Agent signature required when constituting)

DATE

02/06/2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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
P
BOBO-DEGLACE, EVELYNE G
16548 SW 32ND STREET
MIRAMAR FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DEGLACE, JACKSON
16548 SW 32ND STREET
MIRAMAR FL 33027 ☐ 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

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 exemptions contained in Section 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] Evelynne Bobo Deglace 02/06/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #