

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-22-2007 90029 017 ***150.00

DOCUMENT # P06000097671 1. Entity Name DELGADO CONTRACTORS, INC.					
Principal Place of Business 11888 U. S. HWY 41 S. LOT 9 GIBSONTON FL 33534 US			Mailing Address 11888 U. S. HWY 41 S. LOT 9 GIBSONTON FL 33534 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-5166701				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, JUNIOR I 11888 U.S. HWY 41 S. LOT 9 GIBSONTON, FL 33534			7. Name and Address of New Registered Agent Name Delgado, Junior I. Street Address (P.O. Box Number is Not Acceptable) 4207 Custer Dr. City Valrico FL Zip Code 33594		
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 Junior I. Delgado DATE 2-11-07 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature reduced when translated)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DELGADO, JUNIOR I 11888 U. S. HWY 41 S LOT 9 GIBSONTON FL 33534	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S VILLANUEVA, REYNA 11888 U. S. HWY 41 S LOT 9 GIBSONTON FL 33534	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: Junior I. Delgado SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-11-07 Daytime Phone # (813) 784-3461 (813) 927-5708		