


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P40983 1. Entity Name PHYDALCO, INC.	
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Principal Place of Business 16 BARRACUDA LANE B-1 KEY LARGO, FL 33037 US	Mailing Address 24 DOCKSIDE LN PMB 486 KEY LARGO, FL 33037 US
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07102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2392453	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DALIA, PETER
24 DOCKSIDE LN
#486
KEY LARGO, FL 33037**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	DALIA, PHYLLIS
STREET ADDRESS	24 DOCKSIDE LN -PMB 486
CITY - ST - ZIP	KEY LARGO, FL 33037

TITLE	DVC
NAME	DALIA, PETER
STREET ADDRESS	24 DOCKSIDE LN -PMB 486
CITY - ST - ZIP	KEY LARGO, FL 33037

TITLE	VPT
NAME	DALIA, PETER
STREET ADDRESS	24 DOCKSIDE LN -PMB 486
CITY - ST - ZIP	KEY LARGO, FL 33037

TITLE	S
NAME	DALIA, PHYLLIS
STREET ADDRESS	24 DOCKSIDE LN -PMB 486
CITY - ST - ZIP	KEY LARGO, FL 33037

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/14/05-80007-011 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #