
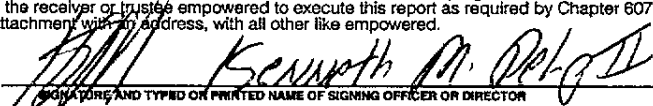


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000003765 1. Entity Name DELPHINI CONSTRUCTION COMPANY			
Principal Place of Business 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714		Mailing Address 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	
DO NOT WRITE IN THIS SPACE			
		04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3150123	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELP, KENNETH M II 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11000000154534 05/05/04-80001-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELP, KENNETH M II 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/28/04 407.830.7117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	