


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 009 ***150.00

DOCUMENT # P92000003765 1. Entity Name DELPHINI CONSTRUCTION COMPANY	
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Principal Place of Business 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

20100042



06092008 No Chg-P CR2E034 (11/05)

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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELP, KENNETH M II 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714
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IN THIS SPACE**

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

Date

Daytime Phone #