

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90168 025 \*\*\*150.00

**DOCUMENT # P94000046926**

1. Entity Name

THOMAS A. DELNAY, P.A.



Principal Place of Business

5929 YOUNGQUIST RD  
#6  
FT MYERS FL 33912  
US

Mailing Address

5929 YOUNGQUIST RD  
#6  
FT MYERS FL 33912  
US



2. Principal Place of Business

18081 RIVERCHASE CT. 18081 RIVERCHASE CT.

Suite, Apt. #, etc.

3. Mailing Address

18081 RIVERCHASE CT. 18081 RIVERCHASE CT.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ALVA FL

City & State

ALVA FL

4. FEI Number

65-0498061

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEL NAY, THOMAS A SR  
6524 KESTREL CIRCLE  
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name DEL NAY, THOMAS A. JR

Street Address (P.O. Box Number is Not Acceptable)

6260 ARBOR AVE.

City FT. MYERS

FL

Zip Code

33905

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

THOMAS A. DEL NAY JR, Thomas A. DelNay Jr.

3-1-06

DATE

**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 P ☒ Delete

NAME DEL NAY, THOMAS A SR  
STREET ADDRESS 5929 YOUNGQUIST RD #6  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ST ☒ Delete

NAME DEL NAY, THOMAS A JR  
STREET ADDRESS 5929 YOUNGQUIST RD #6  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition

NAME DEL NAY, THOMAS A. JR.  
STREET ADDRESS 6260 ARBOR AVE.  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE VP ☒ Change ☐ Addition

NAME DEL NAY, THOMAS A. SR.  
STREET ADDRESS 18081 RIVERCHASE CT.  
CITY-ST-ZIP ALVA FL 33920

TITLE ST ☐ Change ☒ Addition

NAME DEL NAY, CATHERINE L.  
STREET ADDRESS 18081 RIVERCHASE CT.  
CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: THOMAS A. DEL NAY JR Thomas A. DelNay Jr. 3/1/06 (239) 694-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #