2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P94000046926

Entity Name: THOMAS A. DELNAY, P.A.

Current Principal Place of Business:

18081 RIVERCHASE CT
ALVA, FL 33920 US

New Principal Place of Business:

Current Mailing Address:

18081 RIVERCHASE CT
ALVA, FL 33920 US

New Mailing Address:

FEI Number: 65-0498061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL NAY, THOMAS A SR
6260 ARBOR AVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

DEL NAY, THOMAS A JR.
6260 ARBOR AVE
FORT MYERS, FL 33905 US

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.

SIGNATURE: THOMAS A DELNAY JR. 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DEL NAY, THOMAS A SR
Address: 18081 RIVERCHASE CT
City-St-Zip: ALVA, FL 33920

Title: P ( ) Delete
Name: DEL NAY, THOMAS A JR
Address: 6260 ARBOR AVE
City-St-Zip: FORT MYERS, FL 33905

Title: ST ( ) Delete
Name: DEL NAY, CATHERINE L
Address: 18081 RIVERCHASE CT
City-St-Zip: ALVA, FL 33920

Title: TREA ( ) Delete
Name: DEL NAY, MELINDA M
Address: 6260 ARBOR AVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE L DELNAY ST 04/06/2009
Electronic Signature of Signing Officer or Director Date