


4 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90018 007 ***150.00

DOCUMENT # P94000084164

1. Entity Name
DEL-JAK CORPORATION



Principal Place of Business: **3080 TERRACE AVE NAPLES FL 34104**
Mailing Address: **3080 TERRACE AVE NAPLES FL 34104**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State: Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State: Zip Country



MOORE CR2E034 (4/04)

4. FEI Number: **65-0566997** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRIDENTHAL, JACK
3709 SPRINGWOOD DR
NAPLES FL 39104

7. Name and Address of New Registered Agent
Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

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

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE: P NAME: BRIDENTHAL, JACK W STREET ADDRESS: 3709 SPRINGWOOD DRIVE CITY-ST-ZIP: NAPLES FL 33942 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V NAME: VITALE, PENNEY L STREET ADDRESS: 3709 SPRINGWOOD DR CITY-ST-ZIP: NAPLES FL 34104 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: KUNGLER, PATRICIA A STREET ADDRESS: 10060 COLUMBUS RD NE CITY-ST-ZIP: LOUISVILLE OH 44641 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: BRIDENTHAL, JAY A STREET ADDRESS: 11351 CHATAHOOCHE DR CITY-ST-ZIP: FORT MYERS FL 33917 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

No prior notice rec'd
Jak Bridenthal

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: *Jak Bridenthal* PRES **7-26-04** 239-714-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #