


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90057 037 ***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

COUNTY CHANGED #

50014514



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
3070 TERRACE AV

3. Mailing Address
3070 TERRACE AV

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0566997**

Applied For
 Not Applicable

Zip Country Zip Country

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 *[Signature]* DATE **1-20-05**

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

FILE NOW! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	BRIDENTHAL, JACK W	
STREET ADDRESS	3709 SPRINGWOOD DRIVE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	V	<input type="checkbox"/> Delete
NAME	VITALE, PENNEY L	
STREET ADDRESS	3709 SPRINGWOOD DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNGLE, PATRICIA A	
STREET ADDRESS	10060 COLUMBUS RD NE	
CITY-ST-ZIP	LOUISVILLE OH 44641	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDENTHAL, JAY A	
STREET ADDRESS	11351 CHATAHOOCHE DR	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR