

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90568 013 \*\*\*150.00

<b>DOCUMENT # P97000011367</b> 1. Entity Name <b>DANIEL P. DELVES, P.A.</b>					
Principal Place of Business <b>1406 KINGSLEY AVE ORANGE PARK, FL 32073</b>			Mailing Address <b>1406 KINGSLEY AVE ORANGE PARK, FL 32073</b>		
2. Principal Place of Business <b>1406 Kingsley Avenue</b>		3. Mailing Address <b>1406 Kingsley Avenue</b>			
Suite, Apt. #, etc. <b>Suite E</b>		Suite, Apt. #, etc. <b>Suite E</b>			
City & State <b>Orange Park, Florida</b>		City & State <b>Orange Park, Florida</b>			
Zip <b>32073</b>	Country <b>Clay</b>	Zip <b>32073</b>	Country <b>Clay</b>	4. FEI Number <b>59-3429866</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DELVES, DANIEL P 1406 KINGSLEY AVE ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent  Name <b>Daniel P. Delves</b> Street Address (P.O. Box Number is Not Acceptable) <b>1406 Kingsley Avenue</b> Suite E City <b>Orange Park</b> <b>FL</b> Zip Code <b>32073</b>	
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: <span style="float: right;">4-27-05</span> <small>Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELVES, DANIEL P 1406 KINGSLEY AVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel P. Delves 1406 Kingsley Avenue, Suite E Orange Park, Florida 32073	<input checked="" 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
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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
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: <span style="float: right;">4-27-05 904(278-2244)</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					