


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90568 013 ***150.00

DOCUMENT # P97000011367

1. Entity Name
DANIEL P. DELVES, P.A.



Principal Place of Business Mailing Address
1406 KINGSLEY AVE **1406 KINGSLEY AVE**
ORANGE PARK, FL 32073 **ORANGE PARK, FL 32073**

2. Principal Place of Business 3. Mailing Address
1406 Kingsley Avenue **1406 Kingsley Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite E **Suite E**
 City & State City & State
Orange Park, Florida **Orange Park, Florida**
 Zip Country Zip Country
32073 **Clay** **32073** **Clay**



01062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3429866 Not Applicable

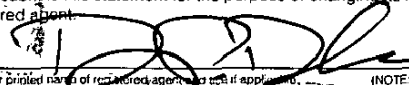
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DELVES, DANIEL P
1406 KINGSLEY AVE
ORANGE PARK, FL 32073

Name
Daniel P. Delves
 Street Address (P.O. Box Number is Not Acceptable)
1406 Kingsley Avenue
 Suite E
 City State Zip Code
Orange Park **FL** **32073**

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: **4-27-05**

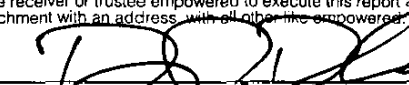
Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1406 Kingsley Avenue, Suite E Orange Park, Florida 32073
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:  Date: **4-27-05** Daytime Phone #: **904(278-2244)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR