

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000015922

1. Entity Name

DALTON PLACE ENTERPRISES, INC.



Principal Place of Business

12411 GROVEVIEW WAY  
SANFORD, FL 32772 US

Mailing Address

4221 NORTH BUFFALO ST.  
ORCHARD PARK, NY 14127 US



01062005 No Chg-P CP2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-2371917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

GACIOCH, WILLIAM T  
950 MONTGOMERY ROAD  
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE D  
NAME GACIOCH, WILLIAM T  
STREET ADDRESS 4221 N. BUFFALO ST  
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE VP  
NAME HANNON, KATHERINE A  
STREET ADDRESS 4221 N BUFFALO ST  
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE VP  
NAME GACIOCH, MICHAEL T  
STREET ADDRESS 4221 N BUFFALO ST  
CITY-ST-ZIP ORCHARD PARK, NY 14127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000341948  
04/29/05-80037-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/05