

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

2007 MAR -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number

58-2371917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GACIOCH, WILLIAM T
15101 QUAILS BLUFF CIR
LAKE WALES, FL 33853

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, 2007 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

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CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/07 (716) 662-0860