

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 038 ***150.00

DOCUMENT # P98000057008

1. Entity Name

DELPHINE DU PONT ANTIQUES, INC.



Principal Place of Business

1505 ELIZABETH AVENUE
WEST PALM BEACH, FL 33401

Mailing Address

353 PERUVIAN AVE
PALM BEACH, FL 33480

2. Principal Place of Business

1112A JAMES ST.

3. Mailing Address

P.O. BOX 3329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082006

Chg-P

CR2E034 (11/05)

City & State

West Palm Beach

City & State

PALM BEACH

4. FEI Number

65-0847531

Applied For

Not Applicable

Zip

FL 33401

Country

USA

Zip

FL 33480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRACCI, COLLEEN D
2401 PGA BLVD
196
PALM BEACH GARDENS, FL 33410

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

(NOTE: Registered Agent signature required when restateing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DUPONT, DELPHINE
STREET ADDRESS 1505 ELIZABETH AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DS ☐ Delete
NAME DUPONT, VIRGINIA
STREET ADDRESS 1505 ELIZABETH AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 3329
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 3329
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Virginia DUPONT 4.8.06 561784492