

## ANNUAL REPORT

DOCUMENT # P98000084123

1. Entity Name

JB DELATOP &amp; ASSOCIATES, INC.



Principal Place of Business

13542 N FLORIDA AVE #213 A  
TAMPA, FL 33613

Mailing Address

POST OFFICE BOX 130026  
TAMPA, FL 33681-0026FILED  
04 OCT -4 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3535627Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA PA  
1840 CORAL WAY  
MIAMI, FL 33145DO 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 \$550.00  
Due by September 8, 20049. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ADELUFOSI, JOSEPH A SR.  
STREET ADDRESS PO BOX 130026  
CITY-ST-ZIP TAMPA, FL 33681TITLE V  
NAME ADELUFOSI, MICHELLE A  
STREET ADDRESS 4809 NORTH ARMENIA AVENUE  
CITY-ST-ZIP TAMPA, FL 33603TITLE S  
NAME ADELUFOSI, KATHERINE O  
STREET ADDRESS 4809 NORTH ARMENIA AVENUE  
CITY-ST-ZIP TAMPA, FL 33603TITLE T  
NAME ADELUFOSI, PATRICIA A  
STREET ADDRESS 4809 NORTH ARMENIA AVENUE  
CITY-ST-ZIP TAMPA, FL 33603TITLE P  
NAME ADELUFOSI, JOSEPHINE  
STREET ADDRESS 13542 N. FLORIDA AVE., #213  
CITY-ST-ZIP TAMPA, FL 33613TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP600041638406  
10/06/04--01024--025 \*\*550.00DO 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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #