

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084123

FILED
Mar 21, 2007
Secretary of State

Entity Name: JB DELATOP & ASSOCIATES, INC.

Current Principal Place of Business:

13542 N FLORIDA AVE #213 A
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 130026
TAMPA, FL 336810026

New Mailing Address:

FEI Number: 59-3535627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA PA
1840 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADELUFOSI, JOSEPH A SR.
Address: PO BOX 130026
City-St-Zip: TAMPA, FL 33681

Title: V () Delete
Name: ADELUFOSI, MICHELLE A
Address: 4809 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: S () Delete
Name: ADELUFOSI, KATHERINE O
Address: 4809 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: ADELUFOSI, PATRICIA A
Address: 4809 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: P () Delete
Name: ADELUFOSI, JOSEPH A JR
Address: 13542 N. FLORIDA AVE., #213
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DELATOP, JOSEPH B
Address: 4809 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ADELUFOSI

P

03/21/2007

Electronic Signature of Signing Officer or Director

Date