

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000021702

1. Entity Name  
ROBERT J. DELUCA, INC.



Principal Place of Business  
1723 MAGDALENE MANOR DR.  
TAMPA, FL 33613

Mailing Address  
1723 MAGDALENE MANOR DR.  
TAMPA, FL 33613



09062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3562890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KEITH, W.C.  
1722 STAYSAIL DR.  
VALRICO, FL 33594

**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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DELUCA, ROBERT J  
1723 MAGDALANE MANOR DRIVE  
TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DELUCA, JUDY  
1723 MAGDALENE LANE MANOR DRIVE  
TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000377939  
09/08/05-80001-023 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judy Deluca*  
Judy Deluca

9/05/05 813-963-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #