2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051639

City-St-Zip:

OCALA, FL 34472

Entity Name: DELBENE BROTHERS, INC

FILED Mar 15, 2005 Secretary of State

| Entity Nar | ne: DELBI | ENE BROTHERS, INC | ·. | | | | |
|---|--|---------------------------|-----------------------|---|---------------|----------------------------|--------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | 100TH AVI), FL 32634 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| PO BOX 8' FAIRFIELD | 72), FL 32634 | ı | | | | | |
| FEI Number: | 59-3583222 | FEI Number Applied | d For () FEI Nu | mber Not Appl | icable () | Certificate of Status De | sired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| 333 NE 18 CITRA, FL | 32113 | JS | ont for the purpose o | of changing i | ts registered | d office or registered age | nt or both |
| | of Florida. | ity subiffits this statem | ent for the purpose t | or changing i | is registered | donice of registered age | nt, or both, |
| SIGNATUR | RE: | | | | | | |
| | Elect | ronic Signature of Reg | jistered Agent | | | Date | |
| Election Car | npaign Finan | cing Trust Fund Contribu | tion (). | | | | |
| OFFICERS | S AND DIR | ECTORS: | | ADDITION | S/CHANGE | S TO OFFICERS AND | DIRECTORS: |
| Title: Name: Address: City-St-Zip: | P DELBENE, 333 NE 189 CITRA, FL | | | Title: Name: Address: City-St-Zip: | | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VP DELBENE, 16871 NW FAIRFIELD, | 100TH AVE RD | | Title: Name: Address: City-St-Zip: | DELBENE, D | 00TH AVE RD | |
| Title: Name: Address: | T WRAY, ROI 118 LOCUS | | | Title: Name: Address: | | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: DANNY G. DELBENE VP/S 03/15/2005