

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000061541

Entity Name: D.L.C. REALTY, INC.

**FILED**  
**Apr 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1149 S.E. PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1149 S.E. PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-0934068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH, DANIELS T  
1526 SE ROYAL GREEN CIRCLE L-206  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

BROVA, MARTHA A  
3110 LOST TREE BLVD  
FORT PIERCE, FL 34981 US

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: MARTHA ANN BROVA

04/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DANIELS, JOSEPH T  
Address: 1526 SE. ROYAL GREEN CIRCLE L-206  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete  
Name: HUGHES, FERNAND R  
Address: 1490 MERCHANT LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P ( ) Delete  
Name: HUGHES, FERNAND R  
Address: 1490 MERCHANT LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BROVA, MARTHA A  
Address: 3110 LOST TREE  
City-St-Zip: FORT PIERCE, FL 34981

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 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.

SIGNATURE: MARTHA ANN BROVA

D

04/11/2005

Electronic Signature of Signing Officer or Director

Date