2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # 542025** 1. Entity Name DELTA MFG. CO. 2 Principal Place of Business Mailing Address 699 N DIXIE FRWY 699 N DIXIE FRWY **S108** S108 NEW SMYRNA BCH, FL 32168 NEW SMYRNA BHC, FL 32168 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1787104 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MCGANN, JOHN J. JR. DO NOT WRITE 1204 TURNBULL ST NEW SMYRNA BCH, FL. 32168 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MCGANN, JOHN J. JR. STREET ADDRESS 1204 TURNBULL STREET U00000336569 CITY-ST-ZIP NEW SMYRNA BCH FL, 04/27/05-80132-003 158.75 STD TITLE MCGANN, KEVIN J. NAME PO BOX 7563 STREET ADDRESS STEVINSON, CA 95374 CITY-ST-71P me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY- \$7-718 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: JAJ MI Jam J. John J. McCann Ja Prate 1 bot APR 23, 2654 386 427 798

I hereby certify that the information supplied with this filling 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.