

2006 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90256 042 ***150.00

DOCUMENT # 584565

1. Entity Name

DELTA INDUSTRIAL SYSTEMS CORP.



Principal Place of Business

1275 SAWGRASS CORP PKWY
SUNRISE FL 33323

Mailing Address

1275 SAWGRASS CORP PKWY
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1858508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEPASS, GEOFFREY S.
1275 SAWGRASS CORP PKWY
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DEPASS, GEOFFREY S
STREET ADDRESS 301 NW 110 AVENUE
CITY-ST-ZIP PLANTATION FL 33324

TITLE VSD ☒ Delete
NAME HEPBURN, LLOYD R
STREET ADDRESS 4119 LANSING AVE.
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VSD
STREET ADDRESS DEPASS, GEOFFREY C
CITY-ST-ZIP 1275 SAWGRASS CORP. PARKWAY
SUNRISE, FL 33323

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS DEPASS, BRIAN A
CITY-ST-ZIP 1275 SAWGRASS CORP. PARKWAY
SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06

Date

954-851-9991

Daytime Phone #