

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687881

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: DELTONA RECREATION, INC.

## Current Principal Place of Business:

595 HWY 92 EAST  
DELAND, FL 32724

## New Principal Place of Business:

## Current Mailing Address:

595 HWY 92 EAST  
DELAND, FL 32724

## New Mailing Address:

FEI Number: 59-2028965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LONGO, PETER W  
1502 WEST SILVER HAMMOCK  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LONGO, LOUIS P  
Address: 1395 TALL OAKS RD.  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: LONGO, PETER W  
Address: 1502 WEST SILVER HAMMOCK  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: FOLI, TIMOTHY J  
Address: 1003 HILLTOP LANE  
City-St-Zip: KODAK, TN 37764

Title: S ( ) Delete  
Name: GOODWIN, JOSEPH W  
Address: 496 WILTSHIRE BLVD  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER W LONGO

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date