


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N47822
 1. Entity Name
 DELAND AREA CRUISERS, INC.



Principal Place of Business Mailing Address
 P.O. BOX 1613 P.O. BOX 1613
 DELAND, FL 32721-1613 DELAND, FL 32721-1613

DO NOT WRITE IN THIS SPACE



02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3118742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, JEFFERY
 120 E GEORGIA AVE
 DELAND, FL 32720

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, BETTY 830 S. WOODWARD AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAAC, JOHN 1229 SPRING GARDEN RANCH RD. DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEEDY, PATRICIA 140 E. MICHIGAN AVE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANZANT, LARRY 2011 PENNSYLVANIA DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/24/05-80027-013 61.25

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12. I hereby certify that the information supplied with this filing 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 617, 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: *Patricia Sheedy* Patricia Sheedy 2/19/05 386-228-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #