


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47822</b> 1. Entity Name DELAND AREA CRUISERS, INC.	
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Principal Place of Business P.O. BOX 1613 DELAND, FL 32721-1613	Mailing Address P.O. BOX 1613 DELAND, FL 32721-1613
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

SMITH, JEFFERY  
 120 E GEORGIA AVE  
 DELAND, FL 32720

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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	VD VANZANT, LARRY 2011 PENNSYLVANIA DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD PARSONS, JOHN 3003 TURTLE DOVE TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000779990  
 01/14/08-80004-011 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: John Parsons JOHN PARSONS 1/9/08 (386) 748-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #