


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000003085
 1. Entity Name
DELTA TECHNOLOGIES, INC.



Principal Place of Business 852 BLOUNTSTOWN HWY #A TALLAHASSEE, FL 12590 US	Mailing Address POST OFFICE BOX 2301 TALLAHASSEE, FL 32316-2301 US
---	---

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3294396	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

**STIVERS, H.B.
 245 E. VIRGINIA ST.
 TALLAHASSEE, FL 32301**

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

1100000308973
 04/16/05-80019-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDSTROM, KEITH P.O. BOX 2301 TALLAHASSEE, FL 323162301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, ROBERT PO BOX 2301 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, JOAN PO BOX 2301 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ELLEN PO BOX 2301 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDSTROM, DIANE P.O. BOX 2301 TALLAHASSEE, FL 323162301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: *Keith Sandstrom* **KEITH SANDSTROM** 1-31-05 850-575-3977

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