

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003085

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: DELTA TECHNOLOGIES, INC.

## Current Principal Place of Business:

852 BLOUNTSTOWN HWY  
#A  
TALLAHASSEE, FL 12590 US

## New Principal Place of Business:

852 BLOUNTSTOWN HWY  
#A  
TALLAHASSEE, FL 32304 US

## Current Mailing Address:

POST OFFICE BOX 2301  
TALLAHASSEE, FL 323162301 US

## New Mailing Address:

FEI Number: 59-3294396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STIVERS, H.B.  
245 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301 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: SANDSTROM, KEITH  
Address: P.O. BOX 2301  
City-St-Zip: TALLAHASSEE, FL 323162301

Title: D ( ) Delete  
Name: WADE, ROBERT  
Address: PO BOX 2301  
City-St-Zip: TALLAHASSEE, FL 32316

Title: D ( ) Delete  
Name: WADE, JOAN  
Address: PO BOX 2301  
City-St-Zip: TALLAHASSEE, FL 32316

Title: D ( ) Delete  
Name: JENKINS, ELLEN  
Address: PO BOX 2301  
City-St-Zip: TALLAHASSEE, FL 32316

Title: VP ( ) Delete  
Name: SANDSTROM, DIANE  
Address: P.O. BOX 2301  
City-St-Zip: TALLAHASSEE, FL 323162301

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KEITH SANDSTROM

P

03/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date