

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003085

FILED  
Jan 28, 2010  
Secretary of State

Entity Name: DELTA TECHNOLOGIES, INC.

**Current Principal Place of Business:**

3777 HARTSFIELD ROAD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**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 (X)

**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  
Name: SANDSTROM, KEITH  
Address: P.O. BOX 2301  
City-St-Zip: TALLAHASSEE, FL 323162301

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEITH SANDSTROM

P

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date