


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000083606**  
 1. Entity Name  
**DELTA DURABLES, INC.**



Principal Place of Business  
**2800 NAVY BLVD**  
**SUITE 4**  
**PENSACOLA, FL 32505**

Mailing Address  
**2 N. PALAFOX ST.**  
**PENSACOLA, FL 32502**

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3405478** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCCRORY, SONDR**  
**2 N. PALAFOX ST.**  
**PENSACOLA, FL 32502**

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELL, SCOTT J 2 N. PALAFOX ST. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FOSTER, DANA R 2 N. PALAFOX ST. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOLAN, JOHN J J 2 N. PALAFOX ST. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREHERN, EDWARD 2 N. PALAFOX ST. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST. PE, GERALD 2 N. PALAFOX ST. PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000200925  
 01/28/05-80048-001 158.75

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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 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:  **1/10/05 850-430-0187**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #