


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AR 304 123 27

DOCUMENT # S75563 1. Entity Name DELTA MANAGEMENT & CONSTRUCTION, INC.	
---	---

FILED

04 OCT 29 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3208 SHARER ROAD TALLAHASSEE, FL 32312	Mailing Address 3208 SHARER ROAD TALLAHASSEE, FL 32312 US
--	---



2. Principal Place of Business 3116 Capital Circle NE Suite, Apt. #, etc. # 2	3. Mailing Address 3116 Capital Circle NE Suite, Apt. #, etc. # 2
---	---

10292004 Chg-P CR2E034 (10/03)

City & State Tallahassee, FL Zip 32308 Country USA	City & State Tallahassee, FL Zip 32308 Country USA
--	--

4. FEI Number 59-3083359	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

JOHN L. BELL
3208 SHARER ROAD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City FL Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
------------------------------	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE	NAME		Delete
PD	BELL, JOHN L		<input type="checkbox"/>
STREET ADDRESS 3208 SHARER ROAD			
CITY-ST-ZIP TALLAHASSEE, FL 32312			
VD	BELL, JOHN C	<input checked="" type="checkbox"/>	Delete
STREET ADDRESS 135 HORSESHOE DR.			
CITY-ST-ZIP HAVANA, FL 32351			
TD	BELL, DIANE H		<input type="checkbox"/>
STREET ADDRESS 3208 SHARER RD.			
CITY-ST-ZIP TALLAHASSEE, FL 32312			
S	WILHOIT, CORRY R		<input type="checkbox"/>
STREET ADDRESS 985 TALQUIN AVE.			
CITY-ST-ZIP QUINCY, FL 32351			
			<input type="checkbox"/>
			Delete
			<input type="checkbox"/>
			Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME		Change	Addition
			<input type="checkbox"/>	<input type="checkbox"/>
VD	Jerry L. Cox	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>
STREET ADDRESS 2286 Cobb Drive				
CITY-ST-ZIP Tallahassee, FL 32312				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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: Jerry Cox Date: 10/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR