2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S75563 1. Entity Name DELTA MANAGEMENT & CONSTRUCTION, INC.					FILED					
Principal Plac 3208 SHARE TALLAHASSE		Mailing Address 3208 SHARER ROAD TALLAHASSEE, FL 32312	•		08 MAR 20 SECRETAR			MT 8	111 1 1 11 1	
	I Place of Business - No P.O. Box # 2. Mailing Address Po Box 253 bt. #, etc. 3. Mailing Address Po Box 253 Suite, Apt. #, etc.			03	03202008 Chg-P CR2E034 (12/06)					
City & Stat		City & State Quincy FL		I .	FEI Number 59-3083	359			plied For t Applicable	
zip 3235		32351	Country USA			Status Desired	□ F	8.75 Add ee Required	itional I	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O Name										
BELL, JOHN L 3208 SHARER ROAD				Street Address (P.d. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32312				42 PF	+uillio	n Ur	<u></u>			
				Duine			FL	Zip Code 323	51	
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 Signature required name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 3/20/08 DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND DIRECTORS 1				DDITIONS/C	HANGES TO OF	FICERS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT/D BELL, JOHN L 3208 SHARER ROAD TALLAHASSEE, FL 32312	Ş Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRY I CORRY I 42 PAUL QUINCY	Kion D	1017 1r. 2351	ļ	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BELL, JOHN C 3606 GEORGIA HIGHWAY 188 N CAIRO, GA 39827	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	35,50		FIELD S		Change	⊠ .Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WILHOIT, CORRY R 436 SOUTHERN COUNTRY LAN QUINCY, FL 32351	□ Delete		5/D	U SHEA	FFIECO III 5+,		Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
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THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12	2/1	10/05		Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.										