


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90044 016 ***150.00

DOCUMENT # 294890 1. Entity Name DELTONA TRANSFORMER CORPORATION					
Principal Place of Business 801 US HWY 92ND EAST PO BOX 3430 DELAND, FL 32723-3430			Mailing Address 801 US HWY 92ND EAST PO BOX 3430 DELAND, FL 32723-3430		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1101565	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRELEC, MICHAEL G 245 KINCAID AVENUE DELAND, FL 32724			Name Michael L. Prelec, Sr. Street Address (P.O. Box Number is Not Acceptable) 4175 Highway #11 City DeLand, FL 32724 FL Zip Code 32724		
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 <i>Michael L. Prelec</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/02/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRELEC, MICHAEL G 245 KINCAID AVENUE DELAND, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael G. Prelec 245 Kinkaid DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRELEC, MICHAEL L 4175 HIGHWAY #11 DELAND, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael L. Prelec 4175 Highway #11 DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAINES, SHARON J 321 W GLENWOOD ROAD DELAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Prelec West-Criche 255 Kinkaid DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michele Prelec Burns 1036 Bucida Rd. Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melodee Prelec Clarke 684 Stratford Drive DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David A. Monk 1700 Whippoorwill DeLand, FL 32720
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: <i>Sharon J. Raines</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> SHARON J. RAINES				Date: <i>Mar 2, 2004</i> Daytime Phone #: <i>386-736-7900</i>	

Attachment

~~#294890~~

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DELTONA TRANSFORMER CORPORATION

801 U.S. Hwy 92 East
P.O.Box 3430
DeLand, FL 32723-3430

FEI Number: 59-1101565

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Michael E. Lenahan
1550 Corner Crossing Rd.
DeLand, FL 32720

(Addition)