


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



01052005 No Chg-F CR2E034 (10/03)

4. FEI Number 59-1101565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRELEC, MICHAEL L
4175 HIGHWAY # 11
DELAND, FL 32724

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000190459 01/24/05-80134-025 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PRELEC, MICHAEL G 245 KINCAID AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRELEC, MICHAEL L 4175 HIGHWAY #11 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAINES, SHARON J 321 W GLENWOOD ROAD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRELEC WEST-CRICHE, DIANE 255 KINKAID DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRELEC BURNS, MICHELE 1036 BUCIDA RD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRELEC CLARKE, MELODEE 684 STRATFORD DRIVE DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sharon J. Raines* **SHARON J. RAINES** **1-19-2005** **367367900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY / TREASURER** Date Daytime Phone #