

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 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**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1101565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000461816
03/21/06-80012-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Sharon J. Raines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON J. RAINES

3-07-06

Date

386-736-7900

Daytime Phone #