2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90098 013 ***150.00

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1. Entity Name
DELTONA TRANSFORMER CORPORATION

Principal Place of Business	Mailing Address
801 US HWY 92ND EAST PO BOX 3430 DELAND, FL 32723-3430	801 US HWY 92ND EAST PO BOX 3430 DELAND, FL 32723-3430

03122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
PRELEC, MICHAEL L 4175 HIGHWAY # 11 DELAND, FL 32724	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 (and printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	C PRELEC, MICHAEL G 245 KINCAID AVENUE DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Michael E. Lenahan 1550 Corner Crossing DeLand, FL 32720	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRELEC, MICHAEL L 4175 HIGHWAY #11 DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David A. Monk 1700 Whippoorwill Lane DeLand, FL 32720	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RAINES, SHARON J 321 W GLENWOOD ROAD DELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRELEC WEST-CRICHE, DIANE 255 KINKAID DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRELEC BURNS, MICHELE 1036 BUCIDA RD DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRELEC CLARKE, MELODEE 684 STRATFORD DRIVE DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Sharon J. Raines 4/16/2008 386/736-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #