

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294890

FILED
Apr 15, 2009
Secretary of State

Entity Name: DELTONA TRANSFORMER CORPORATION

Current Principal Place of Business:

801 US HWY 92ND EAST
PO BOX 3430
DELAND, FL 327233430

New Principal Place of Business:

801 US HWY 92 EAST
DELAND, FL 32724

Current Mailing Address:

801 US HWY 92ND EAST
PO BOX 3430
DELAND, FL 327233430

New Mailing Address:

801 US HWY 92 EAST
DELAND, FL 32724

FEI Number: 59-1101565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C (X) Delete
Name: PRELEC, MICHAEL G
Address: 245 KINCAID AVENUE
City-St-Zip: DELAND, FL 32724

Title: PD () Delete
Name: PRELEC, MICHAEL L
Address: 4175 HIGHWAY #11
City-St-Zip: DELAND, FL 32724

Title: STD () Delete
Name: RAINES, SHARON J
Address: 321 W GLENWOOD ROAD
City-St-Zip: DELAND, FL

Title: DV () Delete
Name: LENAHA, MICHAEL E
Address: 1550 CORNER CROSSING
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: MONK, DAVID A
Address: 1700 WHIPPOORWILL LANE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: RAINES, SHARON J
Address: 321 GLENWOOD ROAD
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON J. RAINES

STD

04/15/2009

Electronic Signature of Signing Officer or Director

Date