


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 194997</b> 1. Entity Name DELTA SUPPLY CO	
---	---

Principal Place of Business 1105 US #1 VERO BCH, FL 32960	Mailing Address 1105 US #1 VERO BCH, FL 32960
---	---

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0781664	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  OZGOWICZ, GERALDINE 1090 25 AVE VERO BCH, FL 32960
---

**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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/02/04-80064-020 150.00
---	---	-----------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZGOWICZ, RICHARD 1110 EUREKA COURT TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCIVER, WENDY 502 34TH AVENUE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OZGOWICZ, GERALDINE 1090 25 AVE VERO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCIVER, ROBERT 502 34TH AVENUE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRISCOLL, DENISE 1110 25TH AVE VERO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRISCOLL, THOMAS JR 1110 25TH AVE VERO BCH, FL 00000,

**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)(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:** *Wendy McIver Wendy McIver* 1-28-04 772 562-2881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #