

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 194997

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**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **\$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 resigning) 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 **D**
NAME **OZGOWICZ, RICHARD**
STREET ADDRESS **1110 EUREKA COURT**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **SD**
NAME **MCIVER, WENDY**
STREET ADDRESS **502 34TH AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **P**
NAME **OZGOWICZ, GERALDINE**
STREET ADDRESS **1090 25 AVE**
CITY-ST-ZIP **VERO BCH, FL 00000,**

TITLE **V**
NAME **MCIVER, ROBERT**
STREET ADDRESS **502 34TH AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **SD**
NAME **DRISCOLL, DENISE**
STREET ADDRESS **1110 25TH AVE**
CITY-ST-ZIP **VERO BCH, FL 00000,**

TITLE **V**
NAME **DRISCOLL, THOMAS JR**
STREET ADDRESS **1110 25TH AVE**
CITY-ST-ZIP **VERO BCH, FL 00000,**

000000469465
03/27/06-80001-005 150.00

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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: Wendy McIver Wendy McIver 3-13-06 772562-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #