2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 194997

Entity Name: DELTA SUPPLY CO

Current Principal Place of Business:

1105 US #1
VERO BCH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1105 US #1
VERO BCH, FL 32960

New Mailing Address:

FEI Number: 59-0781664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OZGOWICZ, GERALDINE
1090 25 AVE
VERO BCH, FL 32960 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: D ( ) Delete
Name: OZGOWICZ, RICHARD,
Address: 1110 EUREKA COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD ( ) Delete
Name: MCIVER, WENDY,
Address: 502 34TH AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: P ( ) Delete
Name: OZGOWICZ, GERALDINE
Address: 1090 25 AVE
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete
Name: MCIVER, ROBERT,
Address: 502 34TH AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: SD ( ) Delete
Name: DRISCOLL, DENISE,
Address: 1110 25TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete
Name: DRISCOLL, THOMAS JR,
Address: 1110 25TH AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WENDY MCIVER SD 02/03/2009

Electronic Signature of Signing Officer or Director Date