

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 194997

FILED  
Feb 10, 2010  
Secretary of State

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  
Name: OZGOWICZ, RICHARD  
Address: 1110 EUREKA COURT  
City-St-Zip: TALLAHASSEE, FL 32311

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WENDY MCIVER

SD

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date