

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 300945

FILED
Jan 11, 2006
Secretary of State

Entity Name: DELTONA CORPORATION REALTY COMPANY

Current Principal Place of Business:

8014 SW 135TH ST. RD.
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

8014 SW 135TH ST. RD.
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 59-1115358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, BETH
8014 SW 135TH ST. RD.
OCALA, FL 34473 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: P () Delete
Name: GRAM, ANTONY
Address: 8014 SW 135TH ST. RD.
City-St-Zip: OCALA, FL 34473

Title: SD () Delete
Name: FISHER, BETH
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: V () Delete
Name: GARCIA, IVETTE
Address: 8014 SW 135 ST RD
City-St-Zip: OCALA, FL 34473

Title: TD () Delete
Name: MOORE, ROBERT
Address: 8014 SW 135TH STREET RD.
City-St-Zip: OCALA, FL 34473

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: TD (X) Change () Addition
Name: DEWILDE, CHRISTEL
Address: 8014 SW 135TH STREET RD.
City-St-Zip: OCALA, FL 34473

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH FISHER

SD

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date