

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90098 020 ***150.00

DOCUMENT # 314471 1. Entity Name DELAND METAL CRAFT COMPANY	
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Principal Place of Business 300 W BRESFORD AVE DELAND, FL 32720	Mailing Address 300 W BRESFORD AVE DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1198895	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

RAY, EDWARD J
300 W BERESFORD AVENUE
DELAND, FL 32720

**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 *Edward J. Ray* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, CHESTER W 300 W. BERESFORD AVE. 734 N Spartan DELAND, FL orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STPV BROOKE CLOUD Cloud, Brooke 1921 PECAN DR. 305 E 2nd Ave ORANGE CITY, FL 32763 Pierson, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, EDWARD 300 W. BERESFORD AVE. 300 Stewart Ave DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Brooke Cloud* Brooke Cloud 3/2/06 386 734-0828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #