## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 439253** 

Entity Name: DELTA MILLWORK, INC.

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

706 MULBERRY AVE 621 SYCAMORE ST. APT CELEBRATION, FL 347474661

APT 5202

CELEBRATION, FL 347474661

**Current Mailing Address: New Mailing Address:** 

621 SYCAMORE ST, APT 706 MULBERRY AVE CELEBRATION, FL 347474661

APT 5202

CELEBRATION, FL 347474661

FEI Number: 59-1492415 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COCKS, PHILIP A COCKS, PHILIP A 621 SYCAMORE ST, 706 MULBERRY AVE

CELEBRATION, FL 347474661 US APT 5202 CELEBRATION, FL 347474661 US

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: PHILIP A. COCKS 01/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

COCKS, PHILIP A, COCKS, PHILIP A Name: Name: 706 MULBERRY AVE 621 SYCAMORE ST, APT 5202 Address: Address:

City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747

Title: SD Title: SD (X) Change ( ) Addition () Delete

COCKS.SYLVIA E. Name: Name: COCKS.SYLVIA E.

706 MULBERRY AVE Address: 621 SYCAMORE ST, APT 5202 Address: CELEBRATION, FL 347474661 CELEBRATION, FL 347474661 City-St-Zip: 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: PHILIP A. COCKS PD 01/14/2009