2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641418

Entity Name: DELTONA CONSTRUCTION COMPANY INC.

FILED Feb 19, 2008 Secretary of State

Entry Name: DELTONA CONSTRUCTION COMPANY, INC.					
Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
8014 SW 1 OCALA, FL	35TH ST. RD - 34473 US				
Current Mailing Address:			New Maili	ng Address:	
8014 SW 1 OCALA, FL	35TH ST. RD _ 34473 US				
FEI Number: 59-1943036 FEI Number Applied For () FEI Nu			FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
The above in the State		submits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR					
	Electror	nic Signature of Registered Agent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GRAM, ANTON 8014 SW 135T OCALA, FL 34	H ST. RD.	Title: Name: Address: City-St-Zip:	PTD (X) Change () Addition GRAM, ANTONY 8014 SW 135TH ST. RD. OCALA, FL 34473	
Title: Name: Address: City-St-Zip:	TD (DEWILDE, CHI 8014 SW 13TH OCALA, FL 34	STREET RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRAM, RUDY 8014 SW 13TH STREET RD OCALA, FL 34473	
Title: Name: Address: City-St-Zip:	HUMMERHIELI	AVENUE, SUITE 700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (FISHER, BETH 8014 SW 135T OCALA, FL 34	H ST RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition WOODS, PHILIP 8014 SW 135TH STREET RD OCALA, FL 34473	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition WILSON, STEVE 8014 SW 135TH STREET RD OCALA, FL 34473	

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: SHARON HUMMERHIELM VPS 02/19/2008