FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 019 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 648301

1. Entity Name
DELTONA LAKES REALTY, INC.

40046258

02062008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1200 DELTONA BLVD. #61 DELTONA, FL 32725 US	1200 DELTONA BLVD. #61 DELTONA, FL 32725 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2955 Enterprise Road	2955 Enterprise Road
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: DeBary, FL	City & State: DeBary, FL
Zip: 32713 Country: US	Zip: 32713 Country: US

4. FEI Number: 59-1957872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPER, MILDRED
1200 DELTONA BLVD.
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name: Piper, Mildred
Street Address (P.O. Box Number is Not Acceptable): 2955 Enterprise Road, Suite 100
City: DeBary FL Zip Code: 32713

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 ______ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE ______

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: PIPER, MILDRED A. STREET ADDRESS: 1200 DELTONA BLVD. CITY-ST-ZIP: DELTONA, FL 32725	☐ Delete	☒ Change ☐ Addition 2955 Enterprise ROad, Suite 100 DeBary, FL 32713
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Mildred Piper (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 2-12-08 (Date) 386-574-1401 (Daytime Phone #)