


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 817303 1. Entity Name DELTA METALS INC	
---	---

Principal Place of Business 218 EAST LATHROP AVENUE POST OFFICE BOX 1706 SAVANNAH, GA 31402	Mailing Address 218 EAST LATHROP AVENUE POST OFFICE BOX 1706 SAVANNAH, GA 31402
--	--

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-0812732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, B. S. 218 E LATHROP AVE SAVANNAH, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNN, C. R. 218 E LATHROP AVE SAVANNAH, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, MARCIA 218 E LATHROP AVE SAVANNAH, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERARD, JAMES P 218 E LATHROP AVE SAVANNAH, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, RONALD 218 EAST LATHROP AVE SAVANNAH, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIERS, MICHAEL E 218 EAST LATHROP AVE SAVANNAH, GA 31415

000000079173
03/08/04-80055-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *B. S. Wells* B. S. Wells, President Date: 2/26/04 912 234-8201 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR