2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15168

FISHER, BETH

OCALA, FL 34473

8014 SW 135TH ST RD

Name: Address:

City-St-Zip:

FILED Jan 17, 2005 Secretary of State

Entity Name: DELTONA-MARCO PROPERTIES, II, INC. **Current Principal Place of Business: New Principal Place of Business:** 8014 SW 135TH ST. RD. OCALA, FL 34473 **Current Mailing Address: New Mailing Address:** 8014 SW 135TH ST. RD. 8014 SW 135TH ST. RD. SUITE 700 OCALA, FL 34473 OCALA, FL 34473 US FEI Number: 59-2059510 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: HUMMERHIELM, SHARON J 999 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPSD () Delete Title: () Change () Addition HUMMERHIELM, SHARON Name: Name: 999 BRICKELL AVE STE 700 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: PD Title: () Delete () Change () Addition GRAM, ANTONY Name: Name: 8014 SW 135TH ST. RD. Address: Address: OCALA, FL 34473 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MOORE, ROBERT Name: Name: 8014 SW 135TH STREET ROAD Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON HUMMERHIELM **VPSD** 01/17/2005