


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F32130 1. Entity Name DELTONA HOMES & LAND, INC.	
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Principal Place of Business 2820 HOWLAND BLVD. #6 DELTONA, FL 32725-1606	Mailing Address 2820 HOWLAND BLVD. #6 DELTONA, FL 32725-1606
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2098961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BIANCARDI, KIRSTY
2820 HOWLAND BLVD.
#6
DELTONA, FL 32725-1606

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P BIANCARDI, CONNIE 2820 HOWLAND BLVD. #6 DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIANCARDI, KARL 2820 HOWLAND BLVD. DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIANCARDI, KIRSTY 2820 HOWLAND BLVD. DELTONA, FL 327251606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 recorder or recorder 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, title, or other like empowered.

SIGNATURE:  _____
SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2005 (386)789-2000
Date Daytime Phone #