2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001073

Address:

City-St-Zip:

Entity Name: DELTA COMPANY OF INSURANCE SERVICES INC

FILED Feb 11, 2009 Secretary of State

Littly Nai	me. DELIAC	OWFANT OF INSURAI	NOE SERVICES	o, IIVC.			
Current Principal Place of Business:				New Principal Place of Business:			
20222 RANCHO VIEJO ROAD SUITE 121 SAN JUAN CAPISTRANO, CA 92675				644 CESERY BOULEVARD SUITE 340 JACKSONVILLE, FL 32211			
Current Mailing Address:				New Mailing Address:			
20222 RANCHO VIEJO ROAD SUITE 121 SAN JUAN CAPISTRANO, CA 92675				644 CESERY BOULEVARD SUITE 340 JACKSONVILLE, FL 32211			
FEI Number:	: 33-0434179	FEI Number Applied For	() FEI Nui	mber Not Appl	icable ()	Certificate of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU PLANTATI The above	e of Florida.	ND ROAD US	or the purpose o	of changing i	ts registere	ed office or registered agent,	or both,
		ic Signature of Registe	red Agent	Date			
Election Car	mpaign Financing	Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SNYDER, DAVÍ 29222 RANCHO	Delete D A O VIEJO RD., STE 121 ISTRANO, CA 92675		Title: Name: Address: City-St-Zip:	644 CESE	(X) Change()Addition H, MICHAEL A RY BOULEVARD, SUITE 340 /ILLE, FL 32211	
Title: Name: Address: City-St-Zip:	SNYDER, DOR 29222 RANCHO	Delete OTHY A O VIEJO RD., STE 121 ISTRANO, CA 92675		Title: Name: Address: City-St-Zip:		(X) Change () Addition JASON AD STREET , FL 32814	
Title: Name:	()	Delete		Title: Name:	T UPCHURC	()Change(X)Addition H, JOHN J	

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.

Address:

City-St-Zip:

125 S. PALMETTO AVENUE

DAYTONA BEACH, FL 32114

SIGNATURE: MICHAEL A UPCHURCH PD 02/11/2009