

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 042 ***150.00

DOCUMENT # F95000004801

1. Entity Name
THE DELTA GROUP, INC.



Principal Place of Business
**220 NORTH MAIN STREET, SUITE 300
GREENVILLE, SC 29601**

Mailing Address
**220 NORTH MAIN STREET, SUITE 300
GREENVILLE, SC 29601**

54015259



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1028793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, PETE
2714 REWCIR
STE. 200
OCOE, FL 34761**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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
**DVT
FORTHMAN, M. T
220 NORTH MAIN STREET, SUITE 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORTHMAN, CRAIG
220 NORTH MAIN STREET, STE. 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOLVERTON, SHANE
220 N. MAIN STREET, SUITE 300
GREENVILLE, SC 29601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(i), 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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

Daytime Phone #