2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40348

City-St-Zip:

DAYTONA BEACH, FL 32115

Entity Name: DELCO CONSTRUCTION, INC

FILED Apr 22, 2005 Secretary of State

Littly Nai	ile. DELCO	SONSTRUCTION, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2334 E RT 100				825 GATEPARK DR	
6B BUNNELL, FL 32110			9 DAYTONA BEACH	9 DAYTONA BEACH, FL 32114	
Current M	ailing Addres	ss:	New Mailing Addr	New Mailing Address:	
P.O. BOX 352118 PALM COAST, FL 32135			P.O. BOX 169 DAYTONA BEACH	P.O. BOX 169 DAYTONA BEACH, FL 32115	
FEI Number:	59-2315684	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
SPOTTS, ROBERT 3704 DONCE GAL CIR ORMOND BEACH, FL 32174 US			3704 DONEGAL CI	SPOTTS, ROBERT 3704 DONEGAL CIRCLE ORMOND BEACH, FL 32174 US	
The above in the State	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: ROBERT	SPOTTS		04/22/2005	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S (FLETCHER, SU 8123 LAKE EV MAITLAND, FL	E DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (SPOTTS, MAUI PO BOX 169 DAYTONA BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	P (SPOTTS, ROB PO BOX 169	Delete ERT	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: ROBERT SPOTTS P 04/22/2005