2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

*DOCUMENT # G40348

1. Entity Name
*DELCO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
825 GATEPARK DR 9 DAYTONA BEACH, FL 32114	P.O. BOX 169 DAYTONA BEACH, FL 32115

02242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2315684

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPOTTS, ROBERT
3704 DONEGAL CIRCLE
ORMOND BEACH, FL 32174

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FLETCHER, SUSAN K
STREET ADDRESS	8123 LAKE EVE DR.
CITY-ST-ZIP	MAITLAND, FL 32810
TITLE	VP
NAME	SPOTTS, MAUREEN
STREET ADDRESS	PO BOX 169
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
TITLE	P
NAME	SPOTTS, ROBERT
STREET ADDRESS	PO BOX 169
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000144905Z
03/09/06-80036-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____ 2-24-06 386 252-4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #