

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90029 026 ***150.00

DOCUMENT # K02184

1. Entity Name
DELTONA ALUMINUM COMPANY INC.



Principal Place of Business Mailing Address
946 SHADICK DR 946 SHADICK DR
ORANGE CITY, FL 32763 US ORANGE CITY, FL 32763 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1335 SARATOGA ST. DELAND FL 32724 SAME AS BOX 2

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2857447 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ABELES, DAVID E
#5 W. Highbanks Rd.
DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 restate)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MUELLER, THOMAS
STREET ADDRESS 2049 WAYNE STREET
CITY-ST-ZIP DELTONA, FL

TITLE PD ☐ Delete
NAME BODOH, DANIEL
STREET ADDRESS 49 MOODY DR
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D ☐ Delete
NAME BODOH, SHARON
STREET ADDRESS 49 MOODY DR
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D ☐ Delete
NAME MUELLER, SUSAN
STREET ADDRESS 2049 W AVE NE ST
CITY-ST-ZIP DELTONA, FL 32728

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Daniel L. Bodo Daniel L. Bodo 4/6/07 386
774-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #