



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-26-2005 90002 009 ***150.00

DOCUMENT # K66010 1. Entity Name DELTA LATENT PRODUCTS, INC.					
Principal Place of Business C/O GREGORY W. TAYLOR 3221 WEST ST. BRIDES CIRCLE ORLANDO FL 32812			Mailing Address C/O GREGORY W. TAYLOR 3221 WEST ST. BRIDES CIRCLE ORLANDO FL 32812		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-2945316				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, GREGORY W. 3221 W ST BRIDES CIR ORLANDO FL 32812				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 <i>Gregory Taylor</i> N/A <i>Gregory Taylor</i> 1-20-5 407 895-3622					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME STANGE, ERNESTINE T. STREET ADDRESS 3221 W ST BRIDES CIR CITY-ST-ZIP ORLANDO FL				TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gregory W. Taylor STREET ADDRESS 3221 W. St Brides Cir CITY-ST-ZIP ORLANDO FL 32812	
TITLE D <input checked="" type="checkbox"/> Delete NAME TAYLOR, SUSAN J. STREET ADDRESS 3221 W ST BRIDES CIR CITY-ST-ZIP ORLANDO FL				TITLE V-PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gregory Taylor STREET ADDRESS 3221 W. St Brides Cir CITY-ST-ZIP ORLANDO FL 32812	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gregory Taylor STREET ADDRESS 3221 W. St. Brides Cir CITY-ST-ZIP ORLANDO FL 32812	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: <i>Gregory Taylor</i> 407 895-3622 SIGNATURE AND TYPED PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #					