


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State


DOCUMENT # L01727 1. Entity Name DELTA SERVICE AUTO STATION, INC.	
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Principal Place of Business C/O JOHN ANTHIS 4 S. PINELLAS AVENUE TARPON SPRINGS, FL 34689 US	Mailing Address C/O JOHN ANTHIS 4 S. PINELLAS AVENUE TARPON SPRING, FL 34689 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANTHIS, JOHN
4 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2961850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

DATE
05/16/08-80014-018 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHIS, JOHN 1103 OAKWOOD ST TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE

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: John Anthis 4.22.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #