

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L20501

1. Entity Name
DELTA QUALITY ENTERPRISES, INC.



Principal Place of Business

624 DESOTO DRIVE
WINTER PARK, FL 32797

Mailing Address

P.O. BOX 5667
WINTER PARK, FL 32792



08212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2970936	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISSANTHIDAS, CHRIS
624 DESOTO DRIVE
WINTER PARK, FL 32797

**DO NOT WRITE
IN THIS SPACE**

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 Chris Chrissanthidas 8/18/06
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISSANTHIDIS, CHRIS 624 DESOTO DRIVE WINTER PARK, FL 32797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISSANTHIDIS, MARIA 624 DESOTO DRIVE WINTER PARK, FL 32797
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08/31/06-80005-010-150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #