

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002726

1. Entity Name
DELAND COMPOSITE SQUADRON, INC.



Principal Place of Business
**215 NORTH KEPLER RD
DELAND, FL 32724**

Mailing Address
**215 NORTH KEPLER RD
DELAND, FL 32724**



03262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3650318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TARACKA, RICHARD J JR
215 NORTH KEPLER RD
DELAND, FL 32724**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000147500
05/03/04-80110-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT UPDIKE, NATHAN J 210 ADDINGTON DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LATHAM, WILLIAM 431 N MARYDEL AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TARACKA, RICHARD J JR 215 N KEPLER RD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP TARACKA, HEATHER N 215 N KEPLER RD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 617, 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: WILLIAM LATHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

386/736-8847

Daytime Phone #