


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 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
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04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3650318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  TARACKA, RICHARD J JR 215 NORTH KEPLER RD DELAND, FL 32724
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

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	

U000000307739  
04/15/05-80066-022 61.25

**DO NOT WRITE  
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)(f), 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

12 April 2005 3867368847  
Date Daytime Phone #