2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000047353

1. Entity Name
DELAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
246 GARDEN STREET DELAND, FL 32720 US	246 GARDEN STREET DELAND, FL 32720 US

DO NOT WRITE IN THIS SPACE

04082006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3719442	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, WALDO F
246 GARDEN ST.
DELAND, FL 32720

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000540548 05/10/06-80023-005 158.75

10.	OFFICERS AND DIRECTORS		
TITLE	PVST		
NAME	RIVERA, WALDO F		
STREET ADDRESS	246 GARDEN ST.		
CITY-ST-ZIP	DELAND, FL 32720		
TITLE	D		
NAME	RIVERA, WALDO F		
STREET ADDRESS	246 GARDEN ST.		
CITY-ST-ZIP	DELAND, FL 32720		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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: _Waldo F. Rivera_   4/19/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #