

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000009689



1. Entity Name  
DELTONA GAS, INC.

Principal Place of Business  
1301 BEVILLE ROAD UNIT 7  
DAYTONA BEACH, FL 32119

Mailing Address

1301 BEVILLE ROAD UNIT 7  
DAYTONA BEACH, FL 32119

2. Principal Place of Business - No P.O. Box #

1898 S Clyde Morris Blvd

Suite, Apt. #, etc.  
Suite 500

City & State  
Daytona Beach, FL

Zip  
32119

Country  
Volusia

3. Mailing Address

1898 S Clyde Morris Blvd

Suite, Apt. #, etc.  
Suite 500

City & State  
Daytona Beach, FL

Zip  
32119

Country  
Volusia

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN  
1301 BEVILLE ROAD UNIT 7  
DAYTONA BEACH, FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

1898 S Clyde Morris Blvd Suite 500

City  
Daytona Beach

FL  
Zip Code  
32119

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 *Marilyn Amendolagine, Marilyn Amendolagine* 4-20-08  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amendolagine, Michael 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AMENDOLAGINE, MARYILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Amendolagine, Marilyn 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marilyn Amendolagine, Marilyn Amendolagine* 4-20-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #