

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90253 028 ***150.00

DOCUMENT # P01000029912

1. Entity Name

DELTA PLUS INVESTMENT COMPANY



Principal Place of Business

**202 1ST AVE NW
LARGO FL 33770**

Mailing Address

**202 1ST AVE NW
LARGO FL 33770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3703245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONN, RICHARD D

**202-1ST AVE NW
LARGO FL 33770**

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME CONN, RICHARD D
STREET ADDRESS 202 1ST AVE NW
CITY-ST-ZIP LARGO FL 33770

TITLE STD ☐ Delete
NAME VANEYMEYLEN, GEORGETTE
STREET ADDRESS 17076 DOLPHIN DRIVE
CITY-ST-ZIP SAINT PETERSBURG FL 33708

TITLE D ☐ Delete
NAME MEYLE, JOZEF V
STREET ADDRESS 17076 DOLPHIN DRIVE
CITY-ST-ZIP SAINT PETERSBURG FL 33708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **VAN KEYMEULEN GEORGETTE**
STREET ADDRESS **17076 DOLPHIN DR**
CITY-ST-ZIP **N. REDINGTON BEACH FL 33708**

TITLE ☐ Change ☐ Addition
NAME **VAN KEYMEULEN JOZEF**
STREET ADDRESS **17076 DOLPHIN DR**
CITY-ST-ZIP **N. REDINGTON BEACH FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

4/8/04

727-798-9800