

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90382 005 \*\*\*150.00

**DOCUMENT # P01000076918**

1. Entity Name

DELTA ONE TECHNOLOGIES, INC.



Principal Place of Business

6631 EXECUTIVE PARK  
104  
JACKSONVILLE, FL 32216

Mailing Address

6631 EXECUTIVE PARK  
104  
JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3734222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLE, DOUGLAS F  
8460 DUPREE RD  
MACCLENNY, FL 32063

**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

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUETT, DAN
STREET ADDRESS	1702 TIERRA VERDE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VD
NAME	DUETT, BRETT
STREET ADDRESS	10263 WHISPERING FOREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	TD
NAME	DUETT, KEVIN EARL
STREET ADDRESS	1760 GREENBRIDGE CIRCLE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VD
NAME	COLE, DOUGLAS
STREET ADDRESS	8460 DUPREE ROAD
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

277-0092

Daytime Phone #