


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90058 036 \*\*\*150.00

<b>DOCUMENT # P02000027824</b>	
1. Entity Name <b>DELTA ELECTRIC COMPANY</b>	

Principal Place of Business P.O.BOX 1602 YULEE FL 32041-1602	Mailing Address P.O.BOX 1602 YULEE FL 32041-1602
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**54043015**



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>01-0638132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOECKEL, STANLEY B**  
**3439 DOCKSIDER DR S**  
**JACKSONVILLE FL 32257**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	
TITLE D <input type="checkbox"/> Delete	NAME MCCUTCHEON, GARY L STREET ADDRESS P.O.BOX 1602 CITY-ST-ZIP YULEE FL 32041-1602
TITLE VP <input type="checkbox"/> Delete	NAME MCCUTCHEON, PATRICIA C STREET ADDRESS P.O.BOX 1602 CITY-ST-ZIP YULEE FL 32041-1602
TITLE <input type="checkbox"/> Delete	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Patricia C. McCutcheon* Patricia C. McCutcheon 4/26/04 904-612-0596

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