

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059733

FILED
Apr 09, 2005
Secretary of State

Entity Name: DELTA TECHNICAL SERVICES COMPANY

Current Principal Place of Business:

3500 45TH STREET
SUITE 17
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

3500 45TH STREET
SUITE 17
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-1303325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, ELIZABETH M
3500 45TH STREET
SUITE 17
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MACLACHLAN, WILLIAM S
3500 45TH STREET
SUITE 17
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: WILLIAM S. MACLACHLAN 04/09/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACLACHLAN, WILLIAM S
Address: 1201 PERWINKLE PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: WATTS, JUSTIN P
Address: 326 JUPITER LAKES BLVD. #2316-C
City-St-Zip: JUPITER, FL 33458

Title: STD (X) Delete
Name: DAVIS, ELIZABETH M
Address: 202 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. MACLACHLAN PD 04/09/2005

Electronic Signature of Signing Officer or Director Date