


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000028151 1. Entity Name DELAND ASSET-MANAGEMENT, INC.	
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Principal Place of Business 436 W. NEW YORK AVE. DELAND, FL 32720	Mailing Address 436 W. NEW YORK AVE. DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE




01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3986102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLOYD, BRUCE W 840 WEST NEW YORK AVE SUITE A DELAND, FL 32720

**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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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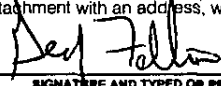
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELTON, GEOFF 129 LAKE CHARLES ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROSKINE, JAMES H 765 TEDDER LAKE ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOSLEY, SUSAN 436 WEST NEW YORK AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOSLEY, MICHAEL 436 WEST NEW YORK AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/10/08-80016-007 150.00

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:  GEOFF FELTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3-27-08 Daytime Phone # 386-804-5092