2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028151

Entity Name: DELAND ASSET MANAGEMENT, INC

FILED Apr 27, 2009 Secretary of State

Entity Name: DELAND ASSET MANAGEMENT, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
436 W. NE DELAND, I	W YORK AVE FL 32720				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
436 W. NEW YORK AVE. DELAND, FL 32720			P.O. BOX 3479 DELAND, FL 32721		
FEI Number:	59-3986102	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
FLOYD, BRUCE W 840 WEST NEW YORK AVE SUITE A DELAND, FL 32720 US			WOOSLEY, SUSAN (436 W. NEW YORK A DELAND, FL 32720	WOOSLEY, SUSAN C 436 W. NEW YORK AVE DELAND, FL 32720 US	
The above in the State		submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: SUSAN C. WOOSLEY				04/27/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FELTON, GEOF 129 LAKE CHAI DELAND, FL 33	RLES ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () PROSKINE, JAI 765 TEDDER L DELAND, FL 33	AKE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOOSLEY, SU	V YORK AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () WOOSLEY, MIC	Delete CHAEL	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: SUSAN C. WOOSLEY TREA 04/27/2009

436 WEST NEW YORK AVENUE

DELAND, FL 32720

Address:

City-St-Zip: