


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90002 003 \*\*\*150.00

DOCUMENT # P07000122488					
1. Entity Name DELTRIDGE CORPORATION					
Principal Place of Business 4923 52ND AVE WEST BRADENTON, FL 34210			Mailing Address 4923 52ND AVE WEST BRADENTON, FL 34210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08272008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>74-3240100</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
SWEENEY, CATHERINE D 4923 52ND AVE WEST BRADENTON, FL 34210			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SWEENEY, CATHERINE D 4923 52ND AVE WEST BRADENTON, FL 34210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>C. D. Sweeney</u>			8/27/08 941726 0697		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

