


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000034314 1. Entity Name DELTA RECOVERY CORPORATION |  |
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| | |
|--|---|
| Principal Place of Business 405 DOUGLAS AVENUE SUITE 1955 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address P.O. BOX 917359 LONGWOOD, FL 32791 US |
|--|---|



01302008 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3182975 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUDGE WALTER E.
405 DOUGLAS AVENUE
SUITE 1955
ALTAMONTE SPRINGS, FL 32714**

**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 _____
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------------|
| TITLE | DPS |
| NAME | WALTER, JUDGE E. |
| STREET ADDRESS | 405 DOUGLAS AVENUE, SUITE 1955 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL |

| | |
|----------------|---------------------------------------|
| TITLE | V |
| NAME | JUDGE, MARY |
| STREET ADDRESS | 405 DOUGLAS AVENUE, SUITE 1955 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL |

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| NAME | |
| STREET ADDRESS | |
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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: Walter E. Judge **PRES** 2/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #