

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90511 042 ***150.00

DOCUMENT # P94000062413	
1. Entity Name DELTA P SYSTEMS, INC.	

Principal Place of Business 460-A LPGA BLVD. HOLLY HILL, FL 32117 US	Mailing Address 460-A LPGA BLVD HOLLY HILL, FL 32117 US
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052004 Chg-P CR2E034 (10/03)



4. FEI Number 59-3279305	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent
BLAIS, MARK D 326 GROOVER CREEK CROSSING ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 <i>Mark D. Blais</i>	DATE 4-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P BLAIS, MARK D 326 GROOVER CREEK CROSSING ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VPDM CARRIER, DAVID P 2816 TROPIC COURT WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VPDR BLAIS, JULIA S 326 GROOVER CREEK CROSSING ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete
VPCO BLIAS, CHRISTA A 919 W GRANDVIEW AVE #7 DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VPDE BLAISDELL, JOSEPH A 504 WILDWOOD DRIVE EDGEWATER, FL 32132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Mark D. Blais</i>	DATE: 4-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	