2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2004 08:00 AM Secretary of State

407-1054-4332 Daytime Prone #

ANNUAL REPORT				00107, 2001 00:00 11111			
DOCUMENT # P95000036590 1. Entity Name DELTA MANAGEMENT GROUP SHOW SERVICES INC.					Secret	ary of St	ate
Principal Place 15110 PINE CLERMONT, I	VALLEY BLVD	Mailing Address 15110 PINE VALLEY BLVD CLERMONT, FL 34711) 1 95 // 9 07 111	12001 2001 2201 2201 2201	ARIEN IIIO BIIBI BIIIF IRI	ì adiiselii (choc
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 59-319	2691	\$8.75	Applied For Not Applicable Additional
A COMPANY OF THE PARTY OF THE P	6. Name and Address of Current Ro	gistered Agent		5. Cermicate	of Status Desired	Fee Requ	aired www.cagen.arc.sc
LASLEY, FRANKLIN E 15110 PINE VALLEY BLVD CLERMONT, FL 34711					NOT W	tang a managana managan sa ta	
The above named antity submits this statement for the purpose of changing its registery			ad office or register	ad agent or hel	in in the State of Flo	de Lam familiar w	th and accept
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 title if applicable. (NOTE. Registered Agent signature required when rehestating) OATE							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Finar Trust Fund Contribution.				i.00 May Be U0000163592 ded to Fees 07/07/04-80009-005 550.00			
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: