

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000092867

1. Entity Name  
DELTA REGIS TOOLS, INC.



Principal Place of Business  
3315 INDUSTRIAL 25 ST  
FT PIERCE, FL 34946

Mailing Address  
3315 INDUSTRIAL 25 ST  
FT PIERCE, FL 34946



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0635386

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEADMAN, THOMAS G  
3315 INDUSTRIAL 25 ST  
FT PIERCE, FL 34946

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DEADMAN, THOMAS G
STREET ADDRESS	3315 INDUSTRIAL 25TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	ST
NAME	DEADMAN, CONSTANCE I
STREET ADDRESS	3315 INDUSTRIAL 25TH ST
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	D
NAME	DEADMAN, ROBERT N
STREET ADDRESS	1353 INUIT TRL
CITY-ST-ZIP	MISSISSAUGA, ON, CA L5N7R5
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000580496  
01/10/07-80051-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS G. DEADMAN

1/6/07

Date

(772) 465-4302

Daytime Phone #