2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055692

1. Entity Name
DELTA DEVELOPMENT & REALTY, INC.

Principal Place of Business	Mailing Address
1049 N TOWN & RIVER DR FORT MYERS, FL 33919	1049 N. TOWN & RIVER DR FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

04022004   No Chg-P   , CR2E034 (10/03)

4. FEI Number	Applied For
65-0766635	Not Applicable

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

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6. Name and Address of Current Registered Agent

MEADE, MICHAEL L
1049 TOWN & RIVEER DR
FORT MYERS, FL 33919

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, 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	PSTD
NAME	MEADE, MICHAEL L
STREET ADDRESS	1049 N TOWN & RIVER DR
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	VD
NAME	DONNA M. BROUGHTON
STREET ADDRESS	12904 COVERED BRIDGE ROAD
CITY-ST-ZIP	SELLERSBURG, IN 47172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Michael L. Meade_   4-2-04   239-437-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #