

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000078175

1. Entity Name

DELTA MANAGEMENT CONSULTING GROUP, INC.



**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
168 EGRET CIRCLE  
WEST PALM BEACH FL 33413

Mailing Address  
168 EGRET CIRCLE  
WEST PALM BEACH FL 33413



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0906072

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONWAY, DONALD L  
9203 GLENMOOR DR.  
WEST PALM BEACH FL 33409

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME JEWELL, GEORGE B  
STREET ADDRESS 168 EGRET CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000518334  
CITY-ST-ZIP 05/02/06-80006-011 158.75

TITLE D ☐ Delete  
NAME JEWELL, JANE A  
STREET ADDRESS 168 EGRET CIR  
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JANE ANN JEWELL *Jane Ann Jewell* 4/1/06 561-346-2123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #