

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90002 032 ***150.00

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1. Entity Name
DELTA INVESTMENT REAL ESTATE & DEVELOPMENT,
INC.



Principal Place of Business

1049 N TOWN & RIVER DR
FT MYERS, FL 33919 US

Mailing Address

1049 N TOWN & RIVER DR
FT MYERS, FL 33919 US



04022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0294136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEADE, MICHAEL L.
1049 N TOWN & RIVER DR
FT MYERS, FL 33919

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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 PT/D
NAME MEADE, MICHAEL L
STREET ADDRESS 1049 N TOWN & RIVER DR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE VD
NAME MEADE, THEODORE
STREET ADDRESS 6312 LEONARD AVE
CITY-ST-ZIP COCOA, FL 32927

TITLE SD
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04
Date

239-437-0353
Daytime Phone #