

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90307 024 ***150.00

DOCUMENT # V23830

1. Entity Name
DELTA FLORIDA, INC.



Principal Place of Business
601 N NEW YORK AVE
SUITE 200
WINTER PARK, FL 32789 US

Mailing Address
601 N NEW YORK AVE
SUITE 200
WINTER PARK, FL 32789 US

14012841



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3116677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, BURGESS
601 N NEW YORK AVENUE
STE 200
WINTER PARK, FL 32789

**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, 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 D
NAME CHAMBERS, BURGESS
STREET ADDRESS 601 N NEW YORK AVE STE 200
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME KAGAWA, SHIGEFUMI
STREET ADDRESS 601 N NEW YORK AVE STE 200
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burgess B. Chambers, Secretary
1/23/04/

Date

Daytime Phone #

4076440111