

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 669085

**Entity Name:** DELOACH'S MEAT MART NO. I, INC.

**Current Principal Place of Business:**

901 MERCY DRIVE  
C/O DANIEL H. DELOACH  
ORLANDO, FL 32808

**Current Mailing Address:**

901 MERCY DRIVE  
C/O DANIEL H. DELOACH  
ORLANDO, FL 32808

**FEI Number:** 59-1967374

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELOACH, DANIEL H.  
901 MERCY DRIVE  
ORLANDO, FL 32808 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            DELOACH, DANIEL H  
Address        901 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

Title            DIRECTOR  
Name            DELOACH, SUSAN W  
Address        901 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

Title            PRESIDENT, DIRECTOR  
Name            DELOACH, JASON B  
Address        901 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

Title            SECRETARY, DIRECTOR  
Name            DELOACH, BENJAMIN  
Address        901 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

Title            VP, DIRECTOR  
Name            DELOACH, CLINT  
Address        901 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32808

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: DAN DELOACH**

**DIRECTOR**

**04/16/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date