

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000009626

**Entity Name:** DELTA RESOURCES CORP.

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**FEI Number:** 65-0891249

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           TREASURER  
Name           BOYD, CALVIN R.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           SECRETARY  
Name           MCKEON, LAUREN  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           DIRECTOR  
Name           CARLSEN, ELYSE M.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           PRESIDENT  
Name           ARAMBULA, JULIA  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           WILHOIT, ADRIENNE W.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           NICKERSON, JOHN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           KASARJIAN, ASHLEY  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, TAX  
Name           FOCAZIO, LAWRENCE D.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

*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:** LAUREN MCKEON

**SECRETARY**

**04/21/2024**

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

\_\_\_\_\_  
Date