

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 280162

1. Entity Name

DELTA LABORATORIES INC



FILED

1/24 Jan 25, 2008 08:00 AM  
ck #4825 Secretary of State

Principal Place of Business

3710 NW COUNTY HWY. 326  
PO BOX 2258  
OCALA FL 34478-2258

Mailing Address

3710 NW COUNTY HWY. 326  
PO BOX 2258  
OCALA FL 34478-2258



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1038335

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

PESOLA, RICHARD E  
3710 NW COUNTY HWY 326  
OCALA FL 34475

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PTD                    | <input type="checkbox"/> Delete |
| NAME           | PESOLA, RICHARD E      |                                 |
| STREET ADDRESS | 3710 NW COUNTY HWY 326 |                                 |
| CITY-STATE-ZIP | OCALA FL 34475         |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | PESOLA, CHARLES J      |                                 |
| STREET ADDRESS | 3710 NW COUNTY HWY 326 |                                 |
| CITY-STATE-ZIP | OCALA FL 34475         |                                 |
| TITLE          | VSD                    | <input type="checkbox"/> Delete |
| NAME           | PESOLA, PHILLIP L      |                                 |
| STREET ADDRESS | 3710 NW COUNTY HWY 326 |                                 |
| CITY-STATE-ZIP | OCALA FL 34475         |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |

U00000798044  
01/30/08-20012-023 150.00

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:

*Richard E Pesola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

City

State