## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

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## Mar 23, 2007 8:00 am Secretary of State DOCUMENT # H12491 03-23-2007 90014 050 \*\*\*150 00 1. Entity Name **DECCA REAL ESTATE CORPORATION** Principal Place of Business Mailing Address 400daria 10983 SOUTHWEST 89TH AVENUE 11637 SW 90TH TERRACE OCALA, FL 34481 US OCALA, FL 34481 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10983 S.W. 89th AVE Suite, Apt. #, etc. 03172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 下上 COCAIA 59-2616172 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MARION Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GHUMMÂN, KULBIR 10983 SOUTHWEST 89TH AVENUE Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34481 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE-NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition GHUMMAN, KULBIR NAME NAME 10983 SOUTHWEST 89TH AVENUE STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP ST TITLE Detete TITLE ☐ Change ☐ Addition **BELL, JAMES A** NAME NAME STREET ADDRESS 10983 SOUTHWEST 89TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition MCELROY, JAMES N III NAME NAME STREET ADDRESS 10983 SOUTHWEST 89TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition CHEMMAN, PRIYA SHUMMAN, PRIYA NAME NAME STREET ADDRESS 10983 SOUTHWEST 89TH AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

JAMES A

**FILED**