2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90040 034 ***150.00

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1. Entity Name
DECCA REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
10983 SOUTHWEST 89TH AVENUE OCALA, FL 34481 US	10983 SOUTHWEST 89TH AVENUE OCALA, FL 34481 US

DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2616172
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHUMMAN, KULBIR
10983 SOUTHWEST 89TH AVENUE
OCALA, FL 34481

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GHUMMAN, KULBIR
STREET ADDRESS	10983 SOUTHWEST 89TH AVENUE
CITY-ST-ZIP	OCALA, FL 34481
TITLE	ST
NAME	BELL, JAMES A
STREET ADDRESS	10983 SOUTHWEST 89TH AVENUE
CITY-ST-ZIP	OCALA, FL 34481
TITLE	AS
NAME	MCELROY, JAMES N III
STREET ADDRESS	10983 SOUTHWEST 89TH AVENUE
CITY-ST-ZIP	OCALA, FL 34481
TITLE	V
NAME	GHUMMAN, PRIYA
STREET ADDRESS	10983 SOUTHWEST 89TH AVENUE
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

JAMES A. BELL TREAS

SIGNATURE: James A. Bell, TREAS 2-29-08 352-854-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #