

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12491

FILED
Mar 30, 2009
Secretary of State

Entity Name: DECCA REAL ESTATE CORPORATION

Current Principal Place of Business:

10983 SOUTHWEST 89TH AVENUE
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

10983 SOUTHWEST 89TH AVENUE
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 59-2616172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GHUMMAN, KULBIR
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481 US

Title: ST () Delete
Name: BELL, JAMES A
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481 US

Title: AS () Delete
Name: PETTICREW, JAMES
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481

Title: V () Delete
Name: GHUMMAN, PRIYA
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: GHUMMAN, KULBIR
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481 US

Title: ST (X) Change () Addition
Name: OLSON, CAROL M
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GHUMMAN, PRIYA
Address: 10983 SOUTHWEST 89TH AVENUE
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL M OLSON

ST

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date