

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061340

Entity Name: DELCA RANCH, INC.

FILED  
Mar 08, 2007  
Secretary of State

**Current Principal Place of Business:**

4434 COUNTY RD 707  
WEBSTER, FL 33597

**New Principal Place of Business:**

**Current Mailing Address:**

4434 COUNTY RD 707  
WEBSTER, FL 33597

**New Mailing Address:**

FEI Number: 30-0085124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHILLON, HECTOR  
4434 COUNTY RD 707  
WEBSTER, FL 33597 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: CHILLON, HECTOR  
Address: 4434 COUNTY RD 707  
City-St-Zip: WEBSTER, FL 33597

Title: VD ( ) Delete  
Name: CHILLON, BETTY  
Address: 4434 COUNTY RD 707  
City-St-Zip: WEBSTER, FL 33597

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HECTOR CHILLON

PD

03/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date