


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03033</b> 1. Entity Name <b>DELTA GULF CORPORATION</b>		
Principal Place of Business <b>P.O. BOX 5429 SHREVEPORT, LA 71135</b>	Mailing Address <b>P.O. BOX 5429 SHREVEPORT, LA 71135</b>	



03132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>72-0930712</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD LEONE, WILLIAM A. 2529 E 70TH ST, STE 100 SHREVEPORT, LA 71105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, JOE B. J 2529 E. 70TH ST, SUITE 100 SHREVEPORT, LA 71105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUICE, CLARENCE 2529 E 70TH ST, STE 100 SHREVEPORT, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROAN, JOHN 2529 E 70TH ST., STE 100 SHREVEPORT, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:  **JOHNNY ROAN** 4-24-06 318-797-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #