


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03033</b> 1. Entity Name DELTA GULF CORPORATION	
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Principal Place of Business P.O. BOX 5429 SHREVEPORT, LA 71135	Mailing Address P.O. BOX 5429 SHREVEPORT, LA 71135
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0930712	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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**

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03/21/07-80025-019 150.00

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.

<b>SIGNATURE:</b> 	<b>JOHNNY ROAN, SECRETARY</b> 3-5-07 318/797-9300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>