


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K06070</b> 1. Entity Name <b>WREN DECKING, INC.</b>																																	
Principal Place of Business <b>3606 QUANDO DRIVE ORLANDO FL 32812 US</b>			Mailing Address <b>3606 QUANDO DRIVE ORLANDO FL 32812 US</b>																														
2. Principal Place of Business <b>3606 Quando Dr,</b>		3. Mailing Address <b>3606 Quando Dr,</b>																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																															
City & State <b>Orlando, FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-2857847</b>																													
Zip <b>32812</b> Country <b>Orange</b>		Zip <b>32812</b> Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>WREN, THOMAS E. 3606 QUANDO DRIVE ORLANDO FL 32812</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																														
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 <u><i>Thomas E. Wren</i></u> <span style="float: right;">5-18-05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td><b>WREN, THOMAS E.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>3606 QUANDO DRIVE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><b>ORLANDO FL 32812</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	Delete <input type="checkbox"/>	NAME		<b>WREN, THOMAS E.</b>		STREET ADDRESS		<b>3606 QUANDO DRIVE</b>		CITY - ST - ZIP		<b>ORLANDO FL 32812</b>		TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	NAME	Delete <input type="checkbox"/>																														
NAME		<b>WREN, THOMAS E.</b>																															
STREET ADDRESS		<b>3606 QUANDO DRIVE</b>																															
CITY - ST - ZIP		<b>ORLANDO FL 32812</b>																															
TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																															
NAME																																	
STREET ADDRESS																																	
CITY - ST - ZIP																																	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> <u><i>Thomas E. Wren</i></u> <span style="float: right;">5/18/05</span> <span style="float: right;">407-240-3325</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	