
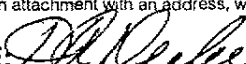


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000023452</b>		
1. Entity Name <b>HAL-DEK PROPERTIES, INC.</b>		
Principal Place of Business <b>998 EXPLORER COVE SUITE 130 ALTAMONTE SPRINGS, FL 32715</b>		Mailing Address <b>P.O. BOX 151046 ALTAMONTE SPRINGS, FL 32715</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DECKER, HAROLD R 513 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32701</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>U000000102496</b> <b>04/05/04-80017-021 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, HAROLD R PO BOX 151046 ALTAMONTE SPRINGS, FL 32715	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECKER, PEGGY D PO BOX 151046 ALTAMONTE SPRINGS, FL 32715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRONE, FRANK G 1445 SPAULDING ROAD WINTER SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(i), 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:  <b>Harold R. Decker, President</b>		<b>3-31-2004 (407) 774-0660</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>