## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 126897** 

**Entity Name:** DEKLE HOLDING COMPANY

FILED Apr 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3095 SAINT ANDREWS WAY
TALLAHASSEE, FL 32312 US
174 WHITE BLOSSOM TRAIL
THOMASVILLE, GA 31757 US

Current Mailing Address: New Mailing Address:

3095 SAINT ANDREWS WAY
TALLAHASSEE, FL 32312 US
174 WHITE BLOSSOM TRAIL
THOMASVILLE, GA 31757 US

FEI Number: 59-0216980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PITTMAN, ROBERT S JR
3095 SAINT ANDREWS WAY
TALLAHASSEE, FL 32312 US
PITTMAN, MARY S
3095 SAINT ANDREWS WAY
TALLAHASSEE, FL 32312 US
TALLAHASSEE, FL 32312 US

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: MARY PITTMAN 04/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

() Delete

PD ( ) Delete PITTMAN, ROBERT S.,, JR.

( ) Delete

(X) Delete

PITTMAN, STUART C

PALM BAY, FL 32905

1865 KEEWIN AVE - APT B

3095 SAINT ANDREWS WAY

3095 SAINT ANDREWS WAY

TALLAHASSEE, FL 32312

TALLAHASSEE, FL 32312

PITTMAN, MARY S.,

LAMONT, MARY F

790 HANOVER WAY

LAKELAND, FL 33813

## **OFFICERS AND DIRECTORS:**

STD

Title:

Title:

Name:

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PITTMAN, STUART C
Address: 174 WHITE BLOSSOM TRAIL
City-St-Zip: THOMASVILLE, GA 31757

Title: D (X) Change ( ) Addition

Name: LAMONT, MARY F Address: 790 HANOVER WAY City-St-Zip: LAKELAND, FL 33813

Title: STP (X) Change ( ) Addition Name: PITTMAN, MARY S

Address: 174 WHITE BLOSSOM TRAIL City-St-Zip: THOMASVILLE, GA 31757

Title: ( ) Change ( ) Addition

Title: 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: MARY PITTMAN P 04/04/2007