


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 527422</b> 1. Entity Name DECKER INDUSTRIES, INC.	
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Principal Place of Business 3030 SW 42ND AVE PALM CITY, FL 34990	Mailing Address 8400 PORT JACKSON AVE NW NORTH CANTON, OH 44720 US
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**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1725017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LARSEN, MALCOLM C 3030 SW 42ND AVE PALM CITY, FL 34990
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**DO NOT WRITE IN THIS SPACE**

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 MALCOLM C LARSEN VP 2/23/04  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	CEO SCHILTZ, WILLIAM C 8400 PORT JACKSON AVE NW NORTH CANTON, FL 44720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACOBS, KENNETH A 8400 PORT JACKSON AVE NW NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SPEARS, MARK J 8400 PORT JACKSON AVE NW NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LARSEN, MALCOLM L 8400 PORT JACKSON AVE NW NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/04/04-80025-023 150.00

**DO NOT WRITE IN THIS SPACE**

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: MARK J. SPEARS 2/23/04 330 494-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #