


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 688268
 1. Entity Name
OCEAN DECK, INC.



Principal Place of Business Mailing Address
127 SOUTH OCEAN AVE. **127 SOUTH OCEAN AVE.**
DAYTONA BEACH FL 32118 **DAYTONA BEACH FL 32118**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KEOUGH, KING R
5795 JOHN ANDERSON HWY
FLAGLER BCH. FL 32136

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Added to Fee
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KEOUGH, KING R.		NAME		
STREET ADDRESS	5795 JOHN ANDERSON HWY		STREET ADDRESS	1100000462808	
CITY-ST-ZIP	FLAGLER BCH. FL		CITY-ST-ZIP	03/21/06-80051-004 150.00	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BOTS, KENNETH J		NAME		
STREET ADDRESS	6201 OAK RIVER TER		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KUFTIC, VERNON		NAME		
STREET ADDRESS	1507 NO PENINSULA AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PHILLIPS, MARJORIE		NAME		
STREET ADDRESS	43 JAVA DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MONDAY, BRIAN		NAME		
STREET ADDRESS	155 SWEETGUM LANE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32119		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VISNAW, ROBERT		NAME		
STREET ADDRESS	616 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32117		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: KEN BOTS **KEN BOTS-VP** 3/10/2006 **386-253-52**