

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90090 020 \*\*\*150.00

**DOCUMENT # F98000000398**

1. Entity Name

W.F. DECKER, INC.



Principal Place of Business

~~15856 DORSET LANE~~  
FORT MYERS FL 33908

Mailing Address

~~15856 DORSET LANE~~  
FORT MYERS FL 33908

24007131



MOORE CR2E034 (11/03)

2. Principal Place of Business

1658 LAKE CIRCLE DR  
Suite, Apt. #, etc. #133

3. Mailing Address

16585 LAKE CIRCLE RR  
Suite, Apt. #, etc. #133

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

16-0734508

Applied For

Not Applicable

Zip

33908

Country

LEE

Zip

33908

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DECKER, WALTER F  
~~15856 DORSET LANE~~  
FORT MYERS FL 33908

16585 LAKE CIRCLE DR  
UNIT #133

7. Name and Address of New Registered Agent

Name: WALTER F. DECKER

Street Address (P.O. Box Number is Not Acceptable)  
16585 LAKE CIRCLE DR

FORT MYERS L

City: FLA

FL

Zip Code: 33908

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

*Walter F Decker*

WALTER F DECKER

1/28/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PCDT  
NAME: DECKER, WALTER F  
STREET ADDRESS: ~~15856 DORSET LANE~~ 16585 LAKE CIRCLE DR  
CITY-ST-ZIP: FORT MYERS FL #133 ☒ Delete

TITLE: VD  
NAME: DECKER, W J  
STREET ADDRESS: 28 PEN WEB PARK  
CITY-ST-ZIP: WEBSTER NY ☐ Delete

TITLE: D  
NAME: DECKER, CATHERINE M  
STREET ADDRESS: 41 PEN WEB PARK  
CITY-ST-ZIP: WEBSTER NY ☐ Delete

TITLE: D  
NAME: DECKER, PAMELA I  
STREET ADDRESS: 11 PEN WEB PARK  
CITY-ST-ZIP: WEBSTER NY ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: WALTER F DECKER ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS: 16585 LAKE CIRCLE DR  
CITY-ST-ZIP: FORT MYERS FL 33908

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

*Walter F Decker*

WALTER F DECKER

1/28/04

239.590 0967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #