

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20746

Entity Name: JENNINGS DECKS, INC.

FILED
Jun 21, 2004
Secretary of State

Current Principal Place of Business:

21420 LOCKHART ROD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

21420 LOCKHART ROAD
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-2885566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, WILLIAM D
21420 LOCKHART RD
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHAI () Delete
Name: JENNINGS, WILLIAM D DEAN
Address: 21420 LOCKHART RD.
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: CRUZ, ALEJANDRO
Address: 14245 21ST
City-St-Zip: DADE CITY, FL 33523

Title: SEC () Delete
Name: YOUNG, THOMAS M
Address: 14810 COLLEGE VIEW DR
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JENNINGS, WILLIAM D DAVID
Address: 21420 LOCKHART RD.
City-St-Zip: DADE CITY, FL 33523

Title: VP (X) Change () Addition
Name: SMITH, JOSEPH R RONALD
Address: 4225 MCKETHAN RD.
City-St-Zip: DADE CITY, FL 33523

Title: SEC (X) Change () Addition
Name: KANGAS, TIMOTHY J JAMES
Address: P.O. BOX 907
City-St-Zip: LACOCHEE, FL 33537

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM DAVID JENNINGS

PRES

06/21/2004

Electronic Signature of Signing Officer or Director

Date