

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K72418

FILED  
Oct 18, 2004  
Secretary of State

Entity Name: DECA MANUFACTURING CORPORATION

## Current Principal Place of Business:

% DAVID R. PUNZAK  
4210 116TH TERR N  
CLEARWATER, FL 33762 US

## New Principal Place of Business:

## Current Mailing Address:

% DAVID R. PUNZAK  
4210 116TH TERR N  
CLEARWATER, FL 33762 US

## New Mailing Address:

LAVONDA JEFFREY  
4210 116TH TERR N  
CLEARWATER, FL 33762 US

FEI Number: 65-0104940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 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: DCST ( ) Delete  
Name: JAMES, WILLIAM G., S, R.  
Address: 2621 COVE CAY DR #207  
City-St-Zip: CLEARWATER, FL 33776

Title: D ( ) Delete  
Name: JAMES, WILLIAM G., J, R.  
Address: 25394 WEST RIVER ROAD  
City-St-Zip: PERRYSBURG, OH 43551

Title: D ( ) Delete  
Name: GILFILLAN, ROBERT J.,  
Address: P.O. BOX 2215  
City-St-Zip: HAMILTON, MT 59840

Title: D ( ) Delete  
Name: CASEY, JAMES,  
Address: 133 THATCHER'S HILL RD  
City-St-Zip: FLEMINGTON, NJ 08822

Title: DP ( ) Delete  
Name: JAMES, ROBERT T.,  
Address: 3143 GLENEAGLES  
City-St-Zip: CLEARWATER, FL 33761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: JEFFREY, LAVONDA R  
Address: 403 WASHINGTON ST.  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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 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: LAVONDA JEFFREY

DVP

10/18/2004

Electronic Signature of Signing Officer or Director

Date