2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L68786

1. Entity Name
DECK SYSTEMS, INC.

Principal Place of Business	Mailing Address
1005 ORIENTA AVENUE SUITE 1500 ALTAMONTE SPRINGS, FL 32701 US	1005 ORIENTA AVENUE SUITE 1500 ALTAMONTE SPRINGS, FL 32701 US

01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3014164
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA
390 N. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HARRIS, LLOYD SCOTT
STREET ADDRESS	1005 ORIENTA AVENUE #1500
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	DVP
NAME	HARRIS, KEITH E.
STREET ADDRESS	1005 ORIENTA AVENUE, #1500
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VP
NAME	CHISM, TOMMY W SR
STREET ADDRESS	16265 COMMONWEALTH AVE., NORTH
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80012-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Lloyd Scott Harris Lloyd Scott Harris 02-01-2006 407 830-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #