

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003314 1. Entity Name THE PROFESSIONAL DECAL APPLICATION ASSOCIATION, INC.	
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Principal Place of Business C/O NATHAN FRANZBLAU 2202 NORTH MAIN STREET JACKSONVILLE, FL 32206	Mailing Address C/O NATHAN FRANZBLAU 2202 NORTH MAIN STREET JACKSONVILLE, FL 32206
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03262006 No Chg-NP CR2ED37 (11/05)

4. FCI Number 59-3341777	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AKEL, DANIEL D 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RON 104 BELL PARKWAY WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRANZBLAU, NATHAN 2202 NORTH MAIN STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTHEY, JOHN 3902 HIGH PINES HOUSTON, TX 77068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, GREG 4373 LACOSA AVE. FREMOUNT, CA 94536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, TOM 8660 HIGHWAY 7 P.O. BOX 160 ST. BONIFACIUS, MN 55375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMULLEN, GENE 833 WOOSTER ROAD N. BARBARTON, OH 442031664

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04/22/06 80050-008 61.25

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IN THIS SPACE**

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 617, 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #