

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003314 1. Entity Name THE PROFESSIONAL DECAL APPLICATION ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3341777	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AKEL, DANIEL D 2301 INDEPENDENT SQUARE JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, RON	NAME			
STREET ADDRESS	104 BELL PARKWAY	STREET ADDRESS	U000000680245		
CITY-ST-ZIP	WOODSTOCK, GA 30188	CITY-ST-ZIP	04/03/07-80070-021 61.25		
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANZBLAU, NATHAN	NAME			
STREET ADDRESS	2202 NORTH MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTHEY, JOHN	NAME			
STREET ADDRESS	3902 HIGH PINES	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77068	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORD, GREG	NAME			
STREET ADDRESS	4373 LACOSA AVE.	STREET ADDRESS			
CITY-ST-ZIP	FREMOUNT, CA 94536	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, TOM	NAME			
STREET ADDRESS	8660 HIGHWAY 7 P.O. BOX 160	STREET ADDRESS			
CITY-ST-ZIP	ST. BONIFACIUS, MN 55375	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMULLEN, GENE	NAME			
STREET ADDRESS	833 WOOSTER ROAD N.	STREET ADDRESS			
CITY-ST-ZIP	BARBARTON, OH 442031664	CITY-ST-ZIP			
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, without online-like empowerment					
SIGNATURE: _____ 3/26/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					