## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P00000064081 02-27-2004 90021 005 \*\*\*150.00 1. Entity Name DOLBY DECKING, INC. Principal Place of Business Mailing Address 54012866 4153 WILMETTE PL 4153 WILMETTE PL SARASOTA, FL 34233-3618 SARASOTA, FL 34233-3618 CR2E034 (10/03) 02182004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1048767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOLBY, GREG DO NOT WRITE 4153 WILMETTE PL SARASOTA, FL 34233-3618 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DOLBY, GREGORY W NAME STREET ADDRESS 4153 WILMETTE PL CITY-ST-ZIP SARASOTA, FL 342333618 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TYPED OR P

NAME STREET ADDRESS CITY-ST-ZIP

12-24-04

V941-228-458

FILED Feb 27, 2004 8:00 am

Date