## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000033471

FILED May 03, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Fee Required

Principal Place of Business

1839 SAN MARCO RD MARCO ISLAND, FL 34145

THE DECK RESTAURANT, INC.

Mailing Address

1839 SAN MARCO RD MARCO ISLAND, FL 34145



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number		Applied For
59-3732916		Not Applicable
5. Certificate of Status Desire	ed   \$8.7	5 Additional

\_\_\_\_

No Chg-P

04072004

WOODWARD, CRAIG WOODWARD, PIRES & LOMBARDO, P.A. 606 BALD EAGLE DR, STE 500 MARCO ISLAND. FL 34146

## 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  OATE						
		Election Campaign Financ     Trust Fund Contribution	ng	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SNYDER, ROBERT B 1839 SAN MARCO RD MARCO ISLAND, FL 34145				1944 (117) 45 - A 1941 (117) 45 - A	
TITLE NAME STREET ADDRESS CITY+ST-ZIP					un and multiple median in the second	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP			<del></del>	10.00		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this country and country and that my signature shall have the same legal affect as if made under cath, that I am an officer or director.						

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

1-139.389-9333

Daytime Phone #