## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT # P01000074302** Mar 07, 2007 08:00 AM **Secretary of State** DECKS UNLIMITED, INC. Principal Place of Business Mailing Address **264 PORTER STREET 264 PORTER STREET** NAPLES, FL 34113 NAPLES, FL 34113 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0070893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROWLEY, KELLY J **264 PORTER STREET** NAPLES, FL 34113 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME ROWLEY, KELLY J **264 PORTER STREET** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 ST ROWLEY, BRENDA NAME STREET ADDRESS 264 PORTER STREET CITY-ST-ZIP NAPLES, FL 34113 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

INTED HAMB OF SIGNING OFFICER OR DIRECTOR

Kelly Rowley

1/25/06

239-775-5032

Daytime Phone #