

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000047717

1. Entity Name  
PETE'S DECK & PATIO, INC.



Principal Place of Business  
11290 NE 101 COURT  
ARCHER, FL 32618

Mailing Address  
P.O. BOX 119  
ARCHER, FL 32618



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0439180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HALEY, PETER M  
11290 NE 101 COURT  
ARCHER, FL 32618

**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) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

UD00000589133  
01/18/07-800003-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HALEY, PETER M
STREET ADDRESS	P.O. BOX 119
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	D
NAME	HALEY, CAROLYN I
STREET ADDRESS	P.O. BOX 119
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	S
NAME	OSBORN, MITCHELL
STREET ADDRESS	P.O. BOX 84
CITY-ST-ZIP	TRENTON, FL 32693

TITLE	S
NAME	HALEY, CHRISTOPHER
STREET ADDRESS	P.O. BOX 119
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 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: Carolyn Haley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 352-318-7113  
Date Daytime Phone #