



FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000060345 1. Entity Name DECK-PRO, INC.			
Principal Place of Business 38 JACKSON CIRCLE WINTER SPRINGS, FL 32708		Mailing Address 38 JACKSON CIRCLE WINTER SPRINGS, FL 32708	
DO NOT WRITE IN THIS SPACE			
		01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 54-2069644 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WINTER, CLIFFORD L 38 JACKSON CIRCLE WINTER SPRINGS, FL 32708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTER, CLIFFORD L 38 JACKSON CIRCLE WINTER SPRINGS, FL 32708	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINTER, LYNN 38 JACKSON CIRCLE WINTER SPRINGS, FL 32708		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Clifford Winter President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-17-05 407 699 4133 <small>Date Daytime Phone #</small>	