


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000065543</b> 1. Entity Name FIBER DECK, INC.	
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Principal Place of Business 4208 NORTH RENELLIE DR. TAMPA, FL 33614	Mailing Address PO BOX 260625 TAMPA, FL 33685
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**DO NOT WRITE IN THIS SPACE**



06042007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1010527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LARMON JR, ROBERT E PRESIDE  
PO BOX 260625  
TAMPA, FL 33685

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LARMON JR, ROBERT E 11323 BLOOMINGTON DRIVE TAMPA, FL 33635
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06/14/07-80003-011 558.75

**DO NOT WRITE  
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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:**  **6/4/2007 813-873 9394x101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #