

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90030 035 ***158.75

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04062004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000085660 1. Entity Name DECKMATES, INC.					
Principal Place of Business 1706 SW 77TH TERR. GAINESVILLE, FL 32605			Mailing Address 1706 SW 77TH TERR. GAINESVILLE, FL 32605		
2. Principal Place of Business 3180 SW 42ND Way <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3180 SW 42ND Way <small>Suite, Apt. #, etc.</small>			
City & State Gainesville, FL <small>Zip</small> 32608 <small>Country</small> USA		City & State Gainesville, FL <small>Zip</small> 32608 <small>Country</small>		4. FEI Number 02-0638022	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAUMAN, NINA L ESQ. 6640 34TH AVE. NORTH ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EIKMEIER, DAWN 1706 SW 77TH TERR. GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: D. M. Eikmeier <i>President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/5/04 Daytime Phone #: 352-333-3312		

D. M. Eikmeier