

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000112153

1. Entity Name

SHILOH DEKLE INC.



**FILED
Mar 24, 2006 8:00 am
Secretary of State**

03-24-2006 90027 017 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
150 KENT ROAD 2-A ST. AUGUSTINE FL 32086 US		269 1/2 COVINO AVENUE APT. 2 ST. AUGUSTINE FL 32084	
2. Principal Place of Business <i>269 1/2 Covino Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>APT 2</i>		Suite, Apt. #, etc.	
City & State <i>ST. Augustine Florida</i>		City & State	
Zip <i>32084</i>	Country <i>ST. JOHNS</i>	Zip	Country
6. Name and Address of Current Registered Agent			
DEKLE, WILLIAM L JR. 269 1/2 COVINO AVENUE APT. 2 ST. AUGUSTINE FL 32084			
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

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$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	DP DEKLE, WILLIAM L JR. 150 KENT ROAD - 2-A ST. AUGUSTINE FL 32086	<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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William L. Dekle* - William L. Dekle JR 3/14/06 9044846470

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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