

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009135

1. Entity Name
DEKANWORLD, INC.



Principal Place of Business
4445 COUNTRY HILLS BLVD.
PLANT CITY, FL 33563 US

Mailing Address
4445 COUNTRY HILLS BLVD.
PLANT CITY, FL 33563 US

FILED
Jun 26, 2008 08:00 AM
Secretary of State



06222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0638271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, LYNDA E
4445 COUNTRY HILLS BLVD
PLANT CITY, FL 33563

**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

Lynda E Brown
(Signature typed or printed name of registered agent and title if applicable)

LYNDA E BROWN
(NOTE: Registered Agent signature required when reinstating)

6/22/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, LYNDA E 4445 COUNTRY HILLS BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DAVID A 4445 COUNTRY HILLS BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, JERAMIAH A 4445 COUNTRY HILLS BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORTON, JOSEPH R 4445 COUNTRY HILLS BLVD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000953364
06/26/08-80001-009 150.00

**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

Lynda E Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNDA E BROWN

6/22/08
Date

813-716-5105
Daytime Phone #