

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

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| DOCUMENT # P04000013931 1. Entity Name K & L DECK CREATIONS, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1164 WINDY WAY APOPKA, FL 32703 US | | | Mailing Address 1164 WINDY WAY APOPKA, FL 32703 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip _____ Country _____ | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip _____ Country _____ | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 58-2683699 | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02212005 Chg-P CR2E034 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MCCUISTON, LISA A 1164 WINDY WAY APOPKA, FL 32703 | | | 7. Name and Address of New Registered Agent Name KEVIN CRAFT Street Address (P.O. Box Number is Not Acceptable) 1164 WINDY WAY City APOPKA FL Zip Code 32703 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  DATE 3-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating.)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>P MCCUISTON, LISA A</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>1164 WINDY WAY</td> <td></td> </tr> <tr> <td></td> <td>APOPKA, FL 32703</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete | | P MCCUISTON, LISA A | <input checked="" type="checkbox"/> | | 1164 WINDY WAY | | | APOPKA, FL 32703 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td>P KEVIN CRAFT</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>1164 WINDY WAY</td> <td></td> </tr> <tr> <td></td> <td>APOPKA, FL 32703</td> <td></td> </tr> </table> | | | TITLE | NAME | Change Addition | | P KEVIN CRAFT | <input type="checkbox"/> <input checked="" type="checkbox"/> | | 1164 WINDY WAY | | | APOPKA, FL 32703 | |
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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)(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:  | | | Date 3-6-05 Daytime Phone # 321-689-9347 | | | | | | | | | | | | | | | | | | | | | | | | | | |