| 2007 FOR PROFIT CORPORATION | | | | FILED |
|--|---|---|------------|--|
| DOCUMENT # P04000016017 1. Entity Name DAN'S CUSTOM DECKS, INC. | | | | Apr 19, 2007 08:00 AM Secretary of State |
| 229 CALIFO | ce of Business IRNIA DRIVE ON BEACH, FL 32548 | Mailing Address 229 CALIFORNIA DRIVE FORT WALTON BEACH, FL 32 | 548 | |
| | | | ster, | |
| Ē | DO NOT WRITE | in this spa | CE | 04022007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0690132 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required |
| | 6. Name and Address of Current Reg | istered Agent | | |
| | J, DAN FORNIA DRIVE LTON BEACH, FL 32548 | | | DO NOT WRITE IN THIS SPACE |
| 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, so both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and tile it applicable. (NOTE: Registered Agent eignature required when renetating) DATE | | | | |
| | E NOW!!! FEE 15 \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIR | 9. Election Campaign Finan Trust Fund Contribution. | ~ _ ~ | 5.00 May Be ded to Fees |
| TUTLE NAME STREET ADDRESS CITY-ST-ZIP | D MARCEAU, DAN 229 CALIFORNIA DRIVE FORT WALTON BEACH, FL 32548 | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 000000716292 04/30/07-80002-012 150.00 |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida 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, Fiorida 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: AND TYPED ON PRINTED NAME OF MEMORY DIFFICEN ON DIFFICEN ON DIFFICEN ON DIFFICEN ON DIFFICEN ON DIFFICEN ON DIFFICENCE ON DIFFICE ON DIFFICE ON DIFFICENCE ON DIFFICE ON DIFFICE ON DIFFICE | | | | |