


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90004 024 ***150.00

DOCUMENT # P04000017533 1. Entity Name CM DECO INC.					
Principal Place of Business 1010 SW ST. LUCIE WEST BLVD PORT ST. LUCIE, FL 34986 US			Mailing Address 2896 SE ITALY STREET PORT ST. LUCIE, FL 34952 US		
2. Principal Place of Business		3. Mailing Address 1010 SW ST. LUCIE WEST BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Port St. Lucie, Florida		4. FEI Number 59-3780082	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34986		USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAYO, CARL H JR. 2896 SE ITALY STREET PORT ST. LUCIE, FL 34952-2			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Carl H Mayo Jr.</i></u> 5-31-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYO, CARL H JR. 2896 SE ITALY STREET PORT ST. LUCIE, FL 34952 <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 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 <u><i>Carl H Mayo Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-9-05 <u>772-89-5979</u> <small>Date Daytime Phone #</small>		