

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032343

Entity Name: DECARO STRUCTURAL, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

1725 E 5TH AVENUE  
TAMPA, FL 33605

## New Principal Place of Business:

## Current Mailing Address:

1725 E 5TH AVE  
TAMPA, FL 33605

## New Mailing Address:

1725 E 5TH AVENUE  
TAMPA, FL 33605

FEI Number: 54-2145255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DECARO, JOHN L  
6101 S ELKINS AVENUE  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DECARO, JOHN L  
Address: 6101 S ELKINS AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete  
Name: WILLSON, VAUGHN  
Address: 3232 STONEMAN LOOP  
City-St-Zip: LAND O' LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L DECARO

PD

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date