

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049275

Entity Name: DEKSCAPE INC.

FILED
Aug 08, 2009
Secretary of State

Current Principal Place of Business:

4008 WHOLESALE COURT
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

2922 EVANS AVE
FORT MYERS, FL 33901

Current Mailing Address:

P.O. BOX 150084
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 20-0958651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, JASON M
4008 WHOLESALE COURT
NORTH FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

FOWLER, JASON M
2922 EVANS AVE.
FORT MYERS, FL 33901 US

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: JF

08/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33903

Title: P () Delete
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33903

Title: S () Delete
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33903

Title: T () Delete
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOWLER, JASON M
Address: 2922 EVANS AVE
City-St-Zip: FT MYERS, FL 33901

Title: P (X) Change () Addition
Name: FOWLER, JASON M
Address: 2922 EVANS AVE
City-St-Zip: FT MYERS, FL 33901

Title: S (X) Change () Addition
Name: FOWLER, JASON M
Address: 2922 EVANS AVE
City-St-Zip: FT MYERS, FL 33901

Title: T (X) Change () Addition
Name: FOWLER, JASON M
Address: 2922 EVANS AVE
City-St-Zip: FT MYERS, FL 33901

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: JF

PR

08/08/2009

Electronic Signature of Signing Officer or Director

Date