


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 025 ***158.75

DOCUMENT # P04000066001


1. Entity Name
D.E.C. RENTAL PROPERTIES, INC.



Principal Place of Business Mailing Address
2848 5TH AVENUE NORTH **2848 5TH AVENUE NORTH**
ST PETERSBURG, FL 33713 **ST PETERSBURG, FL 33713**

2. Principal Place of Business 3. Mailing Address
2848 5th Ave North **2848 5th Ave North**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg, FL **St. Petersburg, FL**
 Zip Country Zip Country
33713 **USA** **33713** **USA**



05192005 Chg-P CR2E034 (10/03)


4. FEI Number Applied For
30-0255968 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CUNNINGHAM, DEBRA E
2848 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

7. Name and Address of New Registered Agent
 Name **Debra E Cunningham**
 Street Address (P.O. Box Number is Not Acceptable) **2848 5th Ave North**
 City **St. Petersburg** FL Zip Code **33713**

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 **5/19/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President / S/T Debra Cunningham 2848 5th Ave N St. Petersburg, FL 33713	
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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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

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 **5/19/05**