

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P04000113932**

1. Entity Name  
**DECKED OUT CONCRETE COATINGS, INC.**



05 SEP 23 PM 3:47  
STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**10112 SHORTWOOD LN  
ORLANDO, FL 32836**

Mailing Address  
**10112 SHORTWOOD LN  
ORLANDO, FL 32836**



2. Principal Place of Business  
**1513 Maureen Ave.**

3. Mailing Address  
**1513 Maureen Ave.**

Suite, Apt. #, etc.

08312005 Chg-P CR2E034 (10/03)

City & State  
**Ocoee, FL**

Zip  
**34761**

Country  
**Orange**

4. FEI Number  
**55-0878112**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DANKO, JOSEPH J  
10112 SHORTWOOD LN  
ORLANDO, FL 32836**

7. Name and Address of New Registered Agent  
**HORTON, CHAD**  
Street Address (P.O. Box Number is Not Acceptable)  
**1513 Maureen Ave.**  
City **Ocoee** FL Zip Code **34761**

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 **Chad Horton** **Chad Horton (P)** **9/19/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANKO, JOSEPH J</b>		NAME		
STREET ADDRESS	<b>10112 SHORTWOOD LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32836</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORTON, CHAD</b>		NAME		
STREET ADDRESS	<b>1513 MAUREEN AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Ocoee, FL 34761</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**500059900695**  
**09/23/05--01051--006 \*\*\*61.25**

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: **Chad Horton** **Chad Horton** **9/11/05** **407-808-0590**  
Signature and typed or printed name of signing officer or director Day, Daytime Phone #