## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P04000142526**

1. Entity Name
DEKAY ENTERPRISES, INC.



**FILED** Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90113 026 \*\*\*150.00

904-241-5553 Daytime Phone #

•				Mailing Address 1361 13TH AVE S STE 235															
				JACKSONVILLE BCH, FL 32250						IET ITE 8.8	nii Bitn	O O O O O O O O O O O O O O O O O O O		<b>             </b>	1 <b>2</b> 1112 12	m <b>a</b> na am	8 <b>2</b> 1 11 18	E)	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address															
Suite, Apt. #, etc.				Suite, Apt. #, etc.				0:	30420	08	Ch	9-P	C	R2E0	34 (12/	/06)			
City & State				City & State				4.	FEI Nu 20-1		348					<del></del>	olied F Appli	$\overline{}$	
Zip	Country			Zip	ntry		5. Certificate of Status Desired							\$8.75 Fee Re					
	6. Name	and Address of Current	Regis	stered Agent				7. Name and Address of New Registered Agent											
DEKAY, D	ANIEL					Name		-											
1361 13TH AVE S STE 235 JACKSONVILLE BCH, FL 32250				Street Addre				P.O.	Box Nu	ımber	is Not	Accepta	ble)						
					City								FL Zip Code						
		ty submits this statement fi tered agent.	or the p	urpose of changing its	register	ed office or	register	ed a	igent, o	r both,	in the	State of	Florida	. I am i	familiar	with, a	and ac	ccept	
SIGNATURE_	Signature, typed	d or printed name of registered agen	and title i	fapplicable. (NOTI	E: Registere	ed Agent signatu	re required	l when	reinstatinç	2)				DATE				-	
FILE NOW!!! FEE IS \$150.00				Election Campa     Trust Fund Cont		\$5.	.00	May Be											
After Ma	ay 1, 200	8 Fee will be \$550.	00	Trust Fund Cont	ribution.		Add	ea u	rees										
10.		OFFICERS AND	DIREC	CTORS	11.							S TO O	FFICE	RS AND	DIREC	TORS	IN 11		
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NAME Street address	DEKAY, DANIEL 1361 13TH AVE S STE 235					ae Eet address							35						
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NAME	DEKAY, MELISSA B				AE														
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40	certify that th	ne information supplied wit	h this fi	ling does not qualify for	the ex	omntions of	ontainec	d in (	Chapter	119,	Florida	Statutes	s. I furti	her cer	tify that	the in	forma	tion	
indicated of the cor	on this reportion or t	ort or supplemental report the receiver or trustee emp	is true a	and accurate and that it d to execute this report	πy signa :as requ			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 furties 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 affactment with an acress, with all other like empowered.											

NAN DEKAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR