

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90062 011 \*\*\*150.00

**DOCUMENT # P38522**

1. Entity Name  
**DEEKS AND COMPANY OF FLORIDA, INC.**



Principal Place of Business  
**7601 INDUSTRIAL LN  
TAMPA, FL 33617 US**

Mailing Address  
**4748 LEWIS ROAD  
STONE MOUNTAIN, GA 30083**

**DO NOT WRITE IN THIS SPACE**



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-1992915**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEEKS, DONALD L. 4748 LEWIS ROAD STONE MOUNTAIN, GA 30083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEEKS BOLDT, DONNA 4748 LEWIS RD ST MOUNTAIN, GA 30083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec James E. Boldt, JR. 4748 Lewis Road Stone Mountain, GA 30083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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 \_\_\_\_\_

*Donna Boldt* Donna Boldt 7/18/08 770-938-3100