
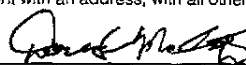


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000038640 1. Entity Name ROBERT DECK, INC.		
Principal Place of Business 1617 NORTH FEDERAL HWY LAKE WORTH, FL 33460	Mailing Address P O BOX 1380 LAKE WORTH, FL 33460 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VONDRAK, RICHARD B 13 SABAL ISLAND DRIVE OCEAN RIDGE, FL 33435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000402911 02/03/06-80028-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCARTY, DOUGLAS 1617 N. FEDERAL HWY LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHMAN, WILLIAM 837 ENTRADA DRIVE FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, THOMAS 2395 TAMiami TRAIL, #13 PT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOFSTROM, BERTIL 9025 SOMERSET BAY LANE # 302 VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, NEWT 1617 N. FEDERAL HWY. LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DOUGLAS MCCARTY		JAN 24 2006 561 5890448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #