2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000054842

1. Entity Name
DECKERT PROPERTIES INC.

Principal Place of Business	Mailing Address
28 PERRY AVE. FORT WALTON BEACH, FL 32548 US	11 WINDEMERE CT. FT. WALTON BEACH, FL 32547 US

DO NOT WRITE IN THIS SPACE

01152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3377387
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DECKERT, RONALD A
1922 OLD MT ZION RD
PONCE DE LEON, FL 32455

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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
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DECKERT, RON
STREET ADDRESS	1922 OLD MT ZION RD
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	D
NAME	DECKERT, FRANK
STREET ADDRESS	11 WINDEMERE CT.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	D
NAME	DECKERT, ROBERT
STREET ADDRESS	916 POCAHONTAS DR.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	D
NAME	DECKERT, THOMAS D
STREET ADDRESS	2056 INDIAN CREEK RD
CITY-ST-ZIP	BURNSVILLE, NC 28714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank L. Deckert Frank L. Deckert, V.P. 3/1/06 (850) 863-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #