

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000054842

FILED  
May 23, 2009  
Secretary of State

Entity Name: DECKERT PROPERTIES INC.

## Current Principal Place of Business:

28 PERRY AVE.  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

11 WINDEMERE CT.  
FT. WALTON BEACH, FL 32547 US

## New Mailing Address:

FEI Number: 59-3377387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DECKERT, RON  
Address: 1922 OLD MT ZION RD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: D ( ) Delete  
Name: DECKERT, FRANK  
Address: 11 WINDEMERE CT.  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: DECKERT, ROBERT  
Address: 918 POCAHONTAS DR.  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: DECKERT, THOMAS D  
Address: 2056 INDIAN CREEK RD  
City-St-Zip: BURNSVILLE, NC 28714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK L. DECKERT

D

05/23/2009

Electronic Signature of Signing Officer or Director

Date