


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000007198 1. Entity Name DECKS N SUCH MARINE, INC.	
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FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 2 N.W. MAPLES ST FT. WALTON BEACH, FL 32548 US	Mailing Address P.O. BOX 327 FT. WALTON BEACH, FL 32549
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DO NOT WRITE IN THIS SPACE

07092008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3421521		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTZOG, PAUL EDWARD
981 N. BAYSHORE DR
VALPARAISO, FL 32580

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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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT HARTZOG, PAUL EDWARD 981 N.BAYSHORE DR. VALPARAISO, FL 32580
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07/14/08-80001-004 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____