2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:0
Secretary of St

DOCUMENT # P96000020516

1. Entity Name
DECORUM, INC.

Principal Place of Business	Mailing Address
5132 WILLOW LEAF DRIVE SARASOTA, FL 34241	4411 BEE RIDGE ROAD PMB 131 SARASOTA, FL 34233

03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0650385
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETZOLDT, BOBBI
5132 WILLOW LEAF DRIVE
SARASOTA, FL 34241

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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, 2008 Fee will be $550.00

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

U00000886487
04/18/08-80058-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	PETZOLDT, ROBERTA S
STREET ADDRESS	5132 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobbi Petzoldt Bobbi Petzoldt 4-2-08 941-374-5132 Sign
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #