

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032396

Entity Name: DURA-DECK INC.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

6414 NORTH FAULKENBURY ROAD
TAMPA, FL 33610

New Principal Place of Business:

6414 NORTH FALKENBURG ROAD
TAMPA, FL 33610

Current Mailing Address:

6414 N FAULKENBURG RD
TAMPA, FL 33610 US

New Mailing Address:

6414 N FALKENBURG RD
TAMPA, FL 33610 US

FEI Number: 59-3442234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SHARON R
6230 N FAULKENBERG RD
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

WILSON, SHARON R
6230 N FALKENBERG RD
TAMPA, FL 33610 US

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: SHARON R WILSON

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, JIMMY
Address: 6320 N FAULKENBERG RD
City-St-Zip: TAMPA, FL

Title: VSTD () Delete
Name: WILSON, SHARON R
Address: 6320 N FAULKENBERG RD
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, JIMMY
Address: 6320 N FAUKENBERG RD
City-St-Zip: TAMPA, FL

Title: VSTD (X) Change () Addition
Name: WILSON, SHARON R
Address: 6320 N FALKENBERG RD
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON R. WILSON

V.P.

01/31/2005

Electronic Signature of Signing Officer or Director

Date