

20Q5 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2005 8:00 am
Secretary of State

07-22-2005 90022 050 ***150.00

DOCUMENT # P97000009668

1. Entity Name

BEST DECKS OF FLORIDA, INC.



Principal Place of Business

2800 S.W. 148TH AVENUE
DAVIE FL 33330

Mailing Address

2800 S.W. 148TH AVENUE
DAVIE FL 33330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number 65-0803969

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, RUSSELL J
2800 S.W. 148TH AVENUE
DAVIE FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	BASS, RUSSELL J	NAME	
STREET ADDRESS	2800 S.W. 148TH AVENUE	STREET ADDRESS	
CITY- ST- ZIP	DAVIE FL 33330	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

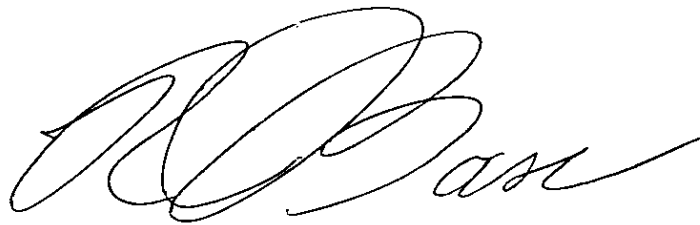
7-16-05

Daytime Phone #

ATTACHMENT

626027310
#P97000009668

I DONT UNDERSTAND WHAT
YOU WANT. I SENT MY CHECK
AS SOON AS YOU SENT ME A
CARD. I CALLED AND OPERATOR
TOLD ME TO EXPIANE THAT
NO CARD CAME TILL FIWAL
NOTICE AND FOR ME TO RESEND
NOTE.

A handwritten signature in black ink, appearing to be 'R. B. Ash' or similar, with a stylized, cursive script.