


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000018207	
1. Entity Name DEAL, INCORPORATED	


Principal Place of Business 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312	Mailing Address 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

FILED

05 FEB 24 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262005 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 59-3431891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARX, RONALD D 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARX, RONALD D 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARX, RHONDA L 6005 BOYNTON HOMESTEAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Helen J. Drake - Secretary</i> <i>6005 Boynton Homestead</i> <i>Tallahassee, Fl. 32312</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
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600047930186
03/08/05--01025--008 **150.00

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: *Rhonda L Marx* *Rhonda L Marx* 2-24-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #