

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 009 \*\*\*150.00

00010437



01312006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0777385  
Applied For  
Not Applicable

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

**DOCUMENT # P97000058476**

1. Entity Name  
DECO CAFE, INC.



Principal Place of Business  
109 COURTHOUSE SQUARE  
INVERNESS, FL 34450

Mailing Address  
6108 E. MALVERNE STREET  
INVERNESS, FL 34452

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

KURTZ, DAVID A  
6108 E. MALVERNE STREET  
INVERNESS, FL 34452

7. Name and Address of New Registered Agent

Name  
SIBYLLE J. KURTZ

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 *Sibylle J. Kurtz* SIBYLLE J. KURTZ, PRES. 2/12/2006  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	P KURTZ, DAVID 6108 E. MALVERNE STREET INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIBYLLE J. KURTZ 6108 E. MALVERNE STREET INVERNESS FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Sibylle J. Kurtz* 2/12/2006 352-341-5400  
SIBYLLE J. KURTZ, PRES. Date Daytime Phone #