2008 FOR PROFIT CORPGRATION ANNUAL REPORT

DOCUMENT # P9800000933

1. Entity Name

RICHARD C. DECKER, P.A.



Principal Place of Business

Mailing Address

2810 EAST OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE, FL 33306

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03292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0806703

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DECKER, RICHARD C 2810 EAST OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

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.	

SIĞNATURE

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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

- U00000877797 04/14/08-80028-024 150.00

OFFICERS AND DIRECTORS 10, D TITLE DECKER, RICHARD C NAME STREET ADDRESS 2810 EAST OAKLAND PARK BLVD., SUITE 200 CITY-ST-ZIP FT. LAUDERDALE, FL 33306 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 chapted or on a state-properly with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08 954.295 9322