

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90048 040 \*\*\*150.00

**DOCUMENT # P98000031861**

1. Entity Name

FLORIDA DECKING, INC.



Principal Place of Business

1275 BENNETT DRIVE  
SUITE 127  
LONGWOOD FL 32750  
US

Mailing Address

P.O. BOX 952031  
LAKE MARY FL 32746  
US

2. Principal Place of Business

1275 BENNETT DR.  
Suite, Apt. #, etc.  
#127

3. Mailing Address

P.O. Box 952031  
Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LAKE MARY FL

Zip

32750

Country

SEMIWOLE

Zip

32795

Country

SEMIWOLE

4. FEI Number

59-3511855  
NO-T APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, FORREST C  
1045 N COUNTY RD 427  
LONGWOOD FL 32750  
101 HUNTERS TRAIL  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: DAVIS, FORREST C.  
Street Address (P.O. Box Number is Not Acceptable):  
101 HUNTERS TRAIL  
City: LONGWOOD FL Zip Code: 32779

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: FORREST C. DAVIS PRESIDENT *Forrest C. Davis* 2-16-04  
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, 2004: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, FORREST C	
STREET ADDRESS	1275 BENNETT DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: FORREST C. DAVIS *Forrest C. Davis* 2-16-04 407-831-3555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
407-444-5660