## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

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## Secretary of State 02-11-2005 90043 047 \*\*\*150.00 DOCUMENT # P9900005071 1. Entity Name DECK REALTY, INC. Principal Place of Business Mailing Address 6053 SUNNY RIDGE DRIVE C/O BASS AND SANDFORT ACCOUNTANTS PA 50013804 MILTON, FL 32570 1341 WEST GARDEN ST PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address <u>Garden</u> St <u>130 (</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3549257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS AND SANDFORT ACCOUNTANTS INC. Street Address (P.O. Box Number is Not Acceptable) 1301,WGARDEN ST PENSACOLA, FL 32501 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Defete TITLE ☐ Change Addition DECK, LINDA G NAME NAME 6053 SUNNY RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition DECK, RICHARD E NAME NAME 6053 SUNNY RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 employered. changed, or on an attachmen

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