## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 06, 2006 8:00 am DOCUMENT # P99000005071 Secretary of State 1. Entity Name 02-06-2006 90054 002 \*\*\*150.00 DECK REALTY, INC. Principal Place of Business Mailing Address 6053 SUNNY RIDGE DRIVE C/O BASS AND SANDFORT ACCOUNTANTS PA RNOTTONS MILTON, FL 32570 1301 W GARDEN ST PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3549257 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASS AND SANDFORT ACCOUNTANTS INC Street Address (P.O. Box Number is Not Acceptable) 1301 E GARDEN ST PENSACOLA, FL 32501 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) DATÉ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Celete TITLE ☐ Change ☐ Addition NAME DECK, LINDA G STREET ADDRESS 6053 SUNNY RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME DECK, RICHARD E NAME STREET ADDRESS 6053 SUNNY RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TIT) F Delete 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 TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED