

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000023452	
1. Entity Name HAL-DEK PROPERTIES, INC.	

Principal Place of Business 998 EXPLORER COVE SUITE 130 ALTAMONTE SPRINGS, FL 32715	Mailing Address P.O. BOX 151046 ALTAMONTE SPRINGS, FL 32715
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3635342	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECKER, HAROLD R.
513 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32701

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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.

SIGNATURE _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DECKER, HAROLD R PO BOX 151046 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY ST ZIP	SD DECKER, PEGGY D PO BOX 151046 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MORRONE, FRANK G 1445 SPAULDING ROAD WINTER SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harold R. Decker* 4-18-2005 (407) 774-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone