2006 FOR PROFIT CORPORATION

FILED Apr 20, 2006 08:00 All Secretary of State

ANNUAL REPORT					Apr 20, 2006 08:00 A			
1. Entity Name	MENT # V29541 DECK, INC,				Sec	retary	of State	
Principal Place 13542 PERIV SEMINOLE, F		Mailing Address 13542 PERIWINKLE AVE SEMINOLE, FL 33776 US						
D	O NOT WRITE I	N THIS SPA	CE	04132006 4. FEI Numb 59-313	No Chg-P	CR2E034	911 915 SELECTION CONTRACTOR SELECTION SELECT	
	6. Name and Address of Current Reg	listered Agent]					
JENNINGS, WILLIAM P 13542 PRIWINKLE AVE SEMINOLE, FL 33776			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the tions of registered agent.				th, in the State of Flo		iliar with, and accept	
	Signature, typed or pointed name of registered agent and t	Se il applicable (NOTE: Registeri	ed Agent signature n	Kpuired when reinstating)	,	DATE		
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIR	ECTORS	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JENNINGS, WILLIAM P 13542 PERWINKLE AVE SEMINOLE, FL				U000009 05/02/06−8	521601 30141-02	4 150 ₋ 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, KATHY 13542 PERIWINKLE AVE SEMINOLE, FL		,**					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS, KATHY 13542 PERIWINKLE AVE SEMINOLE, FL 33776			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS				IN	THIS SF	PACE		

12. I hereby certify that the information supplied with this filing 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 ceth; 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 wiltyan address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

name Street address City-St-Zip

NAME STREET ADDRESS CITY-ST-ZIP

Kathy Jamingo

4-16-06

727-392-6561

Daytime Phone #