

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90026 033 \*\*\*150.00

**DOCUMENT # V51441**

1. Entity Name

DECA DESIGN, INC.



Principal Place of Business

1326 NW 12TH RD  
GAINESVILLE FL 32605  
US

Mailing Address

1326 NW 12TH RD  
GAINESVILLE FL 32605  
US

2. Principal Place of Business

2306 SW 13th Street

Suite, Apt. #, etc.

Suite 1107

City & State

Gainesville

Zip

FL

Country

32608

3. Mailing Address

2306 SW 13th Street

Suite, Apt. #, etc.

Suite 1107

City & State

Gainesville

Zip

FL

Country

32608



MOORE

CR2E034 (11/03)

4. FEI Number  
59-3133138

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DECARLIS, NICHOLAS P.  
1326 NW 12TH RD.  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name  
Decarlis, Nicholas P.

Street Address (P.O. Box Number is Not Acceptable)  
2306 SW 13th Street

Suite 1107

City Gainesville, FL

Zip Code  
32608

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 Nicholas P. Decarlis DATE 2/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DECARLIS, NICHOLAS P.  
1326 NW 12TH ROAD  
GAINESVILLE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
MARIS, DANIS  
8828 SW 44TH LANE  
GAINESVILLE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
P/T/S  
Decarlis, Nicholas P.  
2306 SW 13th St, #1107  
Gainesville, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P/T/S  
Decarlis, Nicholas P.  
2306 SW 13th St, #1107  
Gainesville, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: Nicholas P. Decarlis DATE 2/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # (352) 376-0292