


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90008 042 \*\*\*\*70.00

<b>DOCUMENT # 756901</b>			
1. Entity Name ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.			
Principal Place of Business 150 SO POLK ARCADIA, FL 34266		Mailing Address 150 SO POLK ARCADIA, FL 34266	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1873449		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CANTER, STEVE 1554 WHISPERING PINE DR ARCADIA, FL 34266		Name <u>ALLEN R SVIHLIK</u> Street Address (P.O. Box Number is Not Acceptable) <u>1451 SE WHISPERING PINE DR.</u> City <u>ARCADIA</u> FL <u>34266</u>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRINCE, JAMES 1508 SE AIRPORT RD ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES HITSMAN 1327 W. PINWOOD AVE ARCADIA FL. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLATT, GEORGE 1625 CIVE ASH RD ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES M BARR 3902 N KNOWWOOD BR. ARCADIA, FL. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTER, STEVE 1554 SE WHISPERING PINE DR ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN R SVIHLIK 1451 SE WHISPERING PINE DR ARCADIA, FL. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOERING, VINCE 810 WALDON ST ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCE KOENIG 810 N. WARDEN ST ARCADIA, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGLE, TOMMY W 5901 DUNCAN ROAD #4 PONTA GONDA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIMOTHY MARTIN 1627 FLORIDIAN CIR ARCADIA, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECCLES, RONALD 1711 CROSS AVE ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVID PELLIK 2626 NE HWY 70 LOT 131 ARCADIA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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: <u>Allen R Svihlik</u>		ALLEN R SVIHLIK 2/20/07 863-444-1741	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	