


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N03000005515</b>		
1. Entity Name <b>DESOTO HIGH SCHOOL, INC.</b>		
Principal Place of Business <b>4209 NW 75TH STREET GAINESVILLE, FL 32606</b>	Mailing Address <b>4209 NW 75TH STREET GAINESVILLE, FL 32606</b>	



01252006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3122258</b>	Applied For <input type="checkbox"/> Not Applicable
3. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**5. Name and Address of Current Registered Agent**

**MALO, MARIA F  
4209 NW 75TH STREET  
GAINESVILLE, FL 32606**

**DO NOT WRITE  
IN THIS SPACE**

6. 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: *Maria Malo* DATE: Jan. 25, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2006**

7. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALO, MARIA F 4209 NW 75TH STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROQUE, REYNALDO 4209 NW 75TH STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D OSBRACH, ALLEN Z 709 NW 39TH ROAD GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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: *Maria Malo* Maria Malo 1/25/06 352-495-3326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits/Phone #