


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 295494 1. Entity Name DES LITTLE & SONS, INC.	
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Principal Place of Business 6828 LITTLE RD P O BOX 815 NEW PORT RICHEY, FL 34656	Mailing Address 6828 LITTLE RD P O BOX 815 NEW PORT RICHEY, FL 34656
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DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1164976	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LITTLE, GENE D. 9027 PENNANT CT. NEW PORT RICHEY, FL 33552
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LITTLE, DESMOND G
STREET ADDRESS	9027 DENNANT CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	TD
NAME	LITTLE, PETER A
STREET ADDRESS	8620 DECUBELLIS RD.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	SD
NAME	LITTLE, TERRY W.
STREET ADDRESS	9845 CASEY DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100000577206
01/08/07-80007-008 150.00

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 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:  Peter A. Little 1/08/07 727/849-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #