

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 295494**

1. Entity Name  
**DES LITTLE & SONS, INC.**



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



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1164976**

Applied For  
Not Applicable

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

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

LITTLE, GENE D.  
9027 PENNANT CT.  
NEW PORT RICHEY, FL 33552

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

000000782914  
01/15/08-80091-022 150.00

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Little

Date

Daytime Phone #

1/14/08

727-634-9399