

**2004 FOF PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005469

1. Entity Name

W.T. DESHOTELS, INC.



Principal Place of Business

120 LORRAINE DRIVE SOUTH
MARY ESTHER, FL 32569

Mailing Address

120 LORRAINE DRIVE SOUTH
MARY ESTHER, FL 32569

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number

72-1471839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESHOTELS, WILLIAM T
120 LORRAINE DRIVE SOUTH
MARY ESTHER, FL 32569

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CP
NAME DESHOTELS, WILLIAM T
STREET ADDRESS 120 LORRAINE DRIVE SOUTH
CITY - ST - ZIP MARY ESTHER, FL 32569

TITLE D
NAME DESHOTELS, CAROLINE
STREET ADDRESS 120 LORRAINE DRIVE SOUTH
CITY - ST - ZIP MARY ESTHER, FL 32569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Caroline Deshotels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/04
Date

Daytime Phone #