

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 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			
		03212007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 72-1471839	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
DESHOTELS, WILLIAM T 120 LORRAINE DRIVE SOUTH MARY ESTHER, FL 32569			
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000702171 04/20/07-800986-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DESHOTELS, WILLIAM T 120 LORRAINE DRIVE SOUTH MARY ESTHER, FL 32569		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESHOTELS, CAROLINE 120 LORRAINE DRIVE SOUTH MARY ESTHER, FL 32569		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		April 9, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	