

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90651 046 ***150.00

DOCUMENT # F78618 1. Entity Name DESOTO SQUARE COIN SHOP, INC.			
Principal Place of Business % WILLIAM R. RIKARD 6575 MANATEE AVE, W. BRADENTON FL 34209		Mailing Address % WILLIAM R. RIKARD 6575 MANATEE AVE, W. BRADENTON FL 34209	
2. Principal Place of Business C/O William R. Rikard Suite, Apt. #, etc. 6585 Manatee Ave., West City & State Bradenton, FL Zip 34209		3. Mailing Address C/O William R. Rikard Suite, Apt. #, etc. 6585 Manatee Ave., W City & State Bradenton, FL Zip 34209	
Country 		Country 	
4. FEI Number 59-2180790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIKARD, WILLIAM R 6575 MANATEE AVE, W. BRADENTON FL 34209		7. Name and Address of New Registered Agent Name Rikard, William R. Street Address (P.O. Box Number is Not Acceptable) 6585 Manatee Ave., W City Bradenton	
State FL		Zip Code 34209	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		150.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIKARD, DANIEL 3645 WILDERNESS BV. BRADENTON FL 34219	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIKARD, WILLIAM R. 6009 43RD STREET WEST BRADENTON FL 33507	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>William R. Rikard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04-07-04</u> Daytime Phone # <u>941-794-3661</u>	