

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # G40695
1. Entity Name
DETWEILER PROPERTIES OF SARASOTA, INC.



Principal Place of Business Mailing Address
**3737 BAHIA VISTA ST.
SARASOTA, FL 34232 US** **3737 BAHIA VISTA ST.
SARASOTA, FL 34232 US**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2295849 Not Applicable

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

6. Name and Address of Current Registered Agent

**YODER, MILTON
3737 BAHIA VISTA STREET
SARASOTA, FL 34232**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DETWEILER, WAYNE
STREET ADDRESS	4068 ASBURY PLACE
CITY-ST-ZIP	SARASOTA, FL 00000,
TITLE	VPD
NAME	YODER, MILTON
STREET ADDRESS	3737 BAHIA VISTA ST.
CITY-ST-ZIP	SARASOTA, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-04/11/05-80019-009 150.00

**DO NOT WRITE
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)(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: _____ **4/3/05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #