

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90071 026 \*\*\*150.00

<b>DOCUMENT # G40695</b> 1. Entity Name <b>DETWEILER PROPERTIES OF SARASOTA, INC.</b>			
Principal Place of Business <b>3407A BAHIA VISTA ST. SARASOTA, FL 34237 US</b>		Mailing Address <b>3407A BAHIA VISTA ST. SARASOTA, FL 34237 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3407A BAHIA VISTA ST.</b>		3. Mailing Address <b>1108 KAUFMAN AV.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34239</b>		Zip <b>34237</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2295849</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YODER, MILTON 3737 BAHIA VISTA STREET SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name <b>YODER, MILTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1108 KAUFMAN AV.</b> City <b>SARASOTA</b> FL <b>34237</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>DETWEILER, WAYNE</b>	TITLE 	NAME 
STREET ADDRESS <b>4068 ASBURY PLACE</b>	CITY-ST-ZIP <b>SARASOTA, FL 00000,</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>VPD</b>	NAME <b>YODER, MILTON</b>	TITLE <b>VPD</b>	NAME <b>MILTON YODER</b>
STREET ADDRESS <b>3737 BAHIA VISTA ST.</b>	CITY-ST-ZIP <b>SARASOTA, FL 00000,</b>	STREET ADDRESS <b>1108 KAUFMAN AV.</b>	CITY-ST-ZIP <b>SARASOTA, FL 34237</b>
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	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.			
<b>SIGNATURE:</b> 		<b>UPD</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	