


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90216 009 ***150.00

DOCUMENT # H43544 1. Entity Name DESOTO PROPERTIES, INC.					
Principal Place of Business 202 W OAK STREET SUITE 301 ARCADIA, FL 34266			Mailing Address PO BOX 584 ARCADIA, FL 34265		
2. Principal Place of Business - No P.O. Box # 217 W. Oak St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Arcadia, FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2498238	
Zip 34266		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNDELL, GARY J 202 W. OAK ST., #301 ARCADIA, FL 34266			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 217 W. Oak St. City Arcadia FL Zip Code 34266		
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 <u><i>Gary Mundell</i></u> Gary Mundell 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUNDELL, BEVERLY J 523 E. MAGNOLIA ST. ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUNDELL, GARY J 202 W. OAK ST., #301 ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUNDELL, MICHAEL A 8130 SPRINGFIELD VILLAGE DRIVE SPRINGFIELD, VA 22152	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNDELL-LANE, KATHY PO BOX 526 DARLINGTON, IN 47940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Gary Mundell</i></u> Gary Mundell-Tres. 4/23/07 (863)494-2262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					