


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H43544</b>	
1. Entity Name <b>DESOTO PROPERTIES, INC.</b>	
	
Principal Place of Business <b>217 W. OAK ST. ARCADIA, FL 34266</b>	Mailing Address <b>PO BOX 584 ARCADIA, FL 34265</b>



04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2498238</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**

**MUNDELL, GARY J  
217 W. OAK ST.  
ARCADIA, FL 34266**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MUNDELL, BEVERLY J
STREET ADDRESS	523 E. MAGNOLIA ST.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DT
NAME	MUNDELL, GARY J
STREET ADDRESS	217 W. OAK ST
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DS
NAME	MUNDELL, MICHAEL A
STREET ADDRESS	8130 SPRINGFIELD VILLAGE DRIVE
CITY-ST-ZIP	SPRINGFIELD, VA 22152
TITLE	DV
NAME	MUNDELL-LANE, KATHY
STREET ADDRESS	PO BOX 526
CITY-ST-ZIP	DARLINGTON, IN 47940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Gary Mundell **Gary Mundell-Treasurer** 4/25/08 (863) 494-5153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone