

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90032 036 ***158.75

DOCUMENT # K48651

1. Entity Name

DEACON'S MERCANTILE STORE, INC.



Principal Place of Business

5770 W. IRLO BRONSON HWY.
SUITE 421
KISSIMMEE, FL 34746

Mailing Address

5770 W. IRLO BRONSON HWY.
SUITE 129
KISSIMMEE, FL 34746



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2920671

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNDLEY, CHARLES D
5770 W. IRLO BRONSON HWY.
SUITE 129
KISSIMMEE, FL 34746

**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

Signature, typed or printed name of registered agent and title if applicable.

(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 VP
NAME HUNDLEY, GREGORY C
STREET ADDRESS 5770 W. IRLO BRONSON HWY., STE 129
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE P
NAME HUNDLEY, CHARLES D
STREET ADDRESS 5770 W. IRLO BRONSON HWY., STE 129
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE T
NAME NEWMAN, DARLENE
STREET ADDRESS 5770 W. IRLO BRONSON HWY., STE 129
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Charles D. Hundley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 407 396-4888
Date Daytime Phone #