## **2008 FOR PROFIT CORPORATION**

**ANNUAL REPORT** 

DOCUMENT # K66507

DESCO LAND COMPANY, INC.



**FILED** Mar 07, 2008 08:00 A Secretary of State

Principal Place of Business

2022 NW 14TH AVE GAINESVILLE, FL 32605 Mailing Address

2022 NW 14TH AVE GAINESVILLE, FL 32605



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03062008

Applied For 4. FEI Number 59-2929295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

The state of the second of the

6. Name and Address of Current Registered Agent

GALLAGHER, FRANK J. JR 2022 NW 14 AVE GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

| SIGNATURE   | Signature, typed or printed name of registered agent and title if      | applicable. (NOTE: Registe                          | red Agent signature required when reinstating) | DATE                                   |
|---|--|---|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 |  | Election Campaign Final     Trust Fund Contribution |  | U00000850577                           |
| 10.   | OFFICERS AND DIREC   | TORS  | 上海产的 大衛 高标                                     | ###################################### |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P<br>GALLAGHER, FRANK J. JR<br>2022 NW 14 AVE<br>GAINESVILLE, FL 32605 |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | V<br>GALLAGHER, DEBORAH D.<br>2022 NW 14 AVE<br>GAINESVILLE, FL 32605  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  | ) NOT WRITE                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  | THIS SPACE                             |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE                           |  |   |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 truther empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attack

| SIGNAT | IIDE |
|--------|------|
| SIGNAL | UNE  |

NAME STREET ADDRESS CITY-ST-ZIP