

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L36607

1. Entity Name
DESHIELDS ENTERPRISES, INC.



Principal Place of Business

**2360 TRADE CENTER WAY
NAPLES, FL 34109**

Mailing Address

**2360 TRADE CENTER WAY
NAPLES, FL 34109**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0165893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DESHIELDS, CYNTHIA
241 BAY POINTE
NAPLES, FL 34103**

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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 P
NAME DESHIELDS, CLYDE S
STREET ADDRESS 241 BAY POINTE
CITY-ST-ZIP NAPLES, FL 34103

TITLE V
NAME DESHIELDS, DANIEL E
STREET ADDRESS 840 SW 17TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE T
NAME STINE, DEBORAH D
STREET ADDRESS 2240 NW 23RD WAY
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000178222
01/12/05-80019-016 150.00

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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:

C. Stine D. Shields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

Daytime Phone #