

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # M86728**

1. Entity Name  
DESOTO AUTOMOTIVE ENTERPRISES, INC.



Principal Place of Business  
3039 SE HIGHWAY 70  
ARCADIA, FL 34266 US

Mailing Address  
P O BOX 190  
ARCADIA, FL 34265 US



05122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0055268

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLUNDT, MARK  
1875 CITRON ST.  
CHARLOTTE HARBOR, FL 33980

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHLUNDT, MARK
STREET ADDRESS	1875 CITRON ST.
CITY-ST-ZIP	CHARLOTTE HARBOR, FL
TITLE	V
NAME	CHRISTOPHERSON, CHARLES
STREET ADDRESS	1102 HARBOUR GREEN
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	V
NAME	KRATZER, MATTHEW
STREET ADDRESS	4071 LEA MARIE DR
CITY-ST-ZIP	PT CHARLOTTE, FL
TITLE	ST
NAME	SCHLUNDT, PATRICIA
STREET ADDRESS	1875 CITRON ST.
CITY-ST-ZIP	CHARLOTTE HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000564745  
05/20/06-80091-003 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #