# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006 8:00 am**
**Secretary of State**
04-14-2006 90142 013 ****61.25

DOCUMENT # N05000007703

1. Entity Name
DESOTO DISASTER RECOVERY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 W OAK ST<br>ARCADIA, FL 34266 | 200 W OAK ST<br>ARCADIA, FL 34266 |

03212006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO Box 3345<br>Suite, Apt. #, etc. |
| City & State | City & State<br>ARCADIA, FL. |
| Zip / Country | Zip 34265 / Country |

4. FEI Number 20-3352682 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LAUBHAN, DAVID<br>200 W OAK ST<br>ARCADIA, FL 34266 | Name LAND TED REV.<br>Street Address (P.O. Box Number is Not Acceptable) ~~PO BOX 3345~~ 200 W. OAK ST.<br>ARCADIA, FL. ~~34265~~ 34266<br>City FL Zip Code |

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 Ted W Land Ted W Land 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAUBHAN, DAVID<br>200 W OAK ST<br>ARCADIA, FL 34266 | ☒ Delete | SEC/TREAS.<br>SANDERS, MELISSA<br>904 PARKVIEW RD.<br>ARCADIA, FL. 34266 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAND, TED REV<br>200 W OAK ST<br>ARCADIA, FL 34266 | ☐ Delete | PRESIDENT<br>LAND, TED REV.<br>~~PO BOX 3345~~ 200 W. OAK ST.<br>ARCADIA, FL ~~34265~~ 34266 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARRIS, DAVID REV<br>200 W OAK ST<br>ARCADIA, FL 34266 | ☒ Delete | D<br>MATON, MARIA<br>1210 E. OAK ST.<br>ARCADIA, FL. 34266 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>SPANGLER, COLLEEN<br>1249 S.E. Tangelo Dr.<br>ARCADIA, FL. 34266 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | VP<br>MORGAN, SAMUEL<br>3048 S.E. BROWN RD<br>ARCADIA, FL. 34266 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>HEITMAN, EUGENE SR.<br>5162 N.W. OAK HILL AVE.<br>ARCADIA, FL. 34266 | ☐ Change ☒ Addition |

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 617, 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:** Ted W Land Ted W. Land 4/10/06 863/494-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #