


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N96000003158</b> 1. Entity Name <b>DESOTO COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.</b>	
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Principal Place of Business <b>128 WEST OAK ST ARCADIA, FL 34266 US</b>	Mailing Address <b>128 WEST OAK STREET ARCADIA, FL 34266 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3385767</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HACKNEY, WILLIAM A JR 128 WEST OAK ST ARCADIA, FL 34266</b>
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**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.

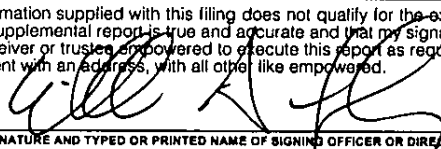
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000760407 05/25/07-80010-015 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, CHARLENE 16 S. VOLUSIA AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HACKNEY, WILLIAM A JR 124 W OAK ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTIN, MAC 3114 NW HWY 70 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG, BECKY 2816 NW COUNTY RD 661 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPANGLER, COLLEEN 1269 SE TANGELO ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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:**  **WILLIAM  
HACKNEY** **5/1/07** **863-494-6495**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #