


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90046 001 \*\*\*150.00

**DOCUMENT # P01000072240**

1. Entity Name  
**DESIRE, INC.**



Principal Place of Business  
**3318 CLEVELAND ST  
 HOLLYWOOD, FL 33021**

Mailing Address  
**3318 CLEVELAND ST  
 HOLLYWOOD, FL 33021**

**94033295**



2. Principal Place of Business  
**9955 HERON POINTE DR.**

3. Mailing Address  
**9955 HERON POINTE DR.**

Suite, Apt. #, etc.

03032004 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32832** Country  
**USA**

Zip  
**32832** Country  
**USA**

4. FEI Number  
**03-0413495**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITAKER, CECIL ESQ.  
 915 MIDDLE RIVER DR STE 600  
 FT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

Name  
**LINDSEY, DAVID A**

Street Address (P.O. Box Number is Not Acceptable)  
**9955 HERON POINTE DR**

City  
**ORLANDO FL** Zip Code  
**32832**

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 *Violet J Lindsey* (NOTE: Registered Agent signature required when reinstating)

DATE *3/12/04*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDSEY, DAVID A <del>3318 CLEVELAND ST</del> HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINDSEY, VIOLET J <del>3318 CLEVELAND ST</del> HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9955 HERON POINTE DR. ORLANDO FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9955 HERON POINTE DR. ORLANDO FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Violet June Lindsey* **VIOLET JUNE LINDSEY** *3/12/04* *9407-2432591*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #