

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 029 ***158.75

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1. Entity Name

DESLIN ENTERPRISES, INC.



Principal Place of Business
247 S COMMERCE AVE
SEBRING FL 33871

Mailing Address
247 S COMMERCE AVE
SEBRING FL 33871



2. Principal Place of Business - No P.O. Box #

998 West Main St.

3. Mailing Address

998 West Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

AVON PARK, FL

City & State

AVON PARK, FL

4. FEI Number 59-3754005

Applied For
Not Applicable

Zip

33825

Country

Highlands

Zip

33825

Country

Highlands

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, DESI L SR
247 S COMMERCE AVE
SEBRING FL 33871

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

998 West Main St.

City

AVON PARK

FL

Zip Code

33825

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEE, DESI L SR
STREET ADDRESS P O BOX 3522
CITY - ST - ZIP SEBRING FL 33871-3522

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Desi L. Lee Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-784-0464