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Jun 14, 2004 8:00 am
Secretary of State
04-30-2004 90215 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000058253

1. Entity Name
DESOTO CONSTRUCTION COMPANY, INC.

66427955

04282004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
202 HARRY AVE N LEHIGH ACRES, FL 33971	202 HARRY AVE N LEHIGH ACRES, FL 33971

2. Principal Place of Business	3. Mailing Address
202 Harry Av. N.	202 Harry Av. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lehigh Acres, FL	City & State Lehigh Acres, Fl
Zip 33971 Country	Zip 33971 Country

4. FEI Number 03-0521948 — 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
SOTO, ELICEO JR 202 HARRY AVE N LEHIGH ACRES, FL 33971	Name Street Address (P.O. Box Number is Not Acceptable) 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________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOTO, ELICEO JR 202 HARRY AVE N LEHIGH ACRES, FL 33971 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOTO, MARTHA 202 HARRY AVE N LEHIGH ACRES, FL 33971 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Eliceo Soto 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #