## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 01, 2007 8:00 am Secretary of State DOCUMENT # P03000058253 05-01-2007 90004 005 \*\*\*150.00 DESOTO CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 202 HARRY AVE. NO. 202 HARRY AVE. NO. LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04282007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 03-0521948 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Soto 七小(eo SOTO, ELICEO JR Street Address (P.O. Box Number is Not Acceptable) 202 HARRY AVE N LEHIGH ACRES, FL 33971 tarry Av. North 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. 4/30/07 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Addition Soto, Eliceo Jr. North SOTO, ELICEO JR NAME NAME 202 HARRY AVE STREET ADDRESS STREET ADDRESS Lehigh Acres, FL 33971 CITY-ST-ZIP CITY-ST-78P LEHIGH ACRES, FL 33971 ☐ Change TITLE ☐ Delete TITLE ☐ Addition Soto Martha North SOTO, MARTHA NAME NAME STREET ADDRESS STREET ADDRESS 202 HARRY AVE CITY-ST-ZIP LEHIGH ACRES, FL 33971 CITY-ST-ZIP TIT) F Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED