

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90017 024 ***150.00

DOCUMENT # P03000134599

1. Entity Name

F. A. DETWILER, INCORPORATED



Principal Place of Business

**5104 NORTH COUNTY ROAD 663
FORT GREEN FL 33834**

Mailing Address

**5104 NORTH COUNTY ROAD 663
FORT GREEN FL 33834**

2. Principal Place of Business

525 OPPITZ LANE

Suite, Apt. #, etc.

3. Mailing Address

525 OPPITZ LANE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKELAND FLORIDA

Zip

33803

Country

USA

City & State

LAKELAND FLORIDA

Zip

33803

Country

USA

4. FEI Number

36-4544977

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DETWILER, FORREST ALLAN
5104 NORTH COUNTY ROAD 663
FORT GREEN FL 33834**

7. Name and Address of New Registered Agent

Name

DETWILER, FORREST ALLAN

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

525 OPPITZ LANE

City

LAKELAND

FL

Zip Code

33803

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

Forrest Allan Detwiler **FORREST ALLAN DETWILER** 3/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **P** ☐ Delete
NAME **DETWILER, FORREST ALLAN**
STREET ADDRESS **5104 NORTH COUNTY ROAD 663**
CITY-ST-ZIP **FORT GREEN FL 33834**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Forrest Allan Detwiler **FORREST ALLAN DETWILER** 3/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #