


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-25-2005 90021 041 ***150.00

DOCUMENT # P03000134599					
1. Entity Name F. A. DETWILER, INCORPORATED					
Principal Place of Business 525 OPPITZ LANE LAKE LAND FL 33803			Mailing Address 525 OPPITZ LANE LAKE LAND FL 33803		
2. Principal Place of Business 906 WINDSOR ST. Suite, Apt. #, etc. L1		3. Mailing Address 906 WINDSOR ST. Suite, Apt. #, etc.			
City & State LAKE LAND FLORIDA		City & State LAKE LAND, FLORIDA		4. FEI Number 36-4544977 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
Zip 33803	County POLK	Zip 33803	County POLK	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETWILER, FORREST ALLAN 525 OPPITZ LANE LAKE LAND FL 33803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 906 WINDSOR ST. City LAKE LAND, 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 <u><i>Forrest Allan Detwiler</i></u> DATE <u>3/20/05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May I Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DETWILER, FORREST ALLAN 5104 NORTH COUNTY ROAD 663 FORT GREEN FL 33834 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Forrest Allan Detwiler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT <u>FORREST ALLAN DETWILER</u> 4/15/05 863-860-4538 <small>Date Daytime Phone #</small>		