

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050883

FILED
Apr 28, 2009
Secretary of State

Entity Name: DEISLERS INVESTMENT PROPERTIES INC

Current Principal Place of Business:

179 N. 9TH STREET
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

423 TWIN LAKE DR
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

PO BOX 1325
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-8935776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOWELL, KATIE
284 N EGLIN PKWY
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: DEISLER, WILLIAM J
Address: 423 TWIN LAKES DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SEC () Delete
Name: DEISLER, SHEENA
Address: 423 TWIN LAKES DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J DEISLER

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04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date