2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2007 8:00 am Secretary of State 04-25-2007 90178 031 ***150.00

1. Entity Nam	DESK COMPANY INC							
Principal Place of Business P.O. BOX 270 1224 MILL STREET IASPER, IN: 47546		Mailing Address P.O. BOX 270 1224 MILL STREET IASPER, IN 47546			66015853			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232007	02232007 Chg-P CR2E034 (12/06)		
City & State		City & State			4. FEI Number 35-0408870		Applied For Not Applicable	
Zip	² Country	Zip	Coun	itry .	<u> </u>	of Status Desired	□ \$8.75 A Fee Requir	
	RRY 1116 #264 L-33025	7. Name and Address of New Registered Agent Name Kirby Boner Street Address (P.Q. Sox Number is Not Acceptable) City Zio 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 Signature, hyped or privided name of registered agent and fills if applicable. (NOTE: Registered Agent signature required when remaining) DATE								
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont		scing \$5 □ Ad	5.00 May Be Ided to Fees			
10. TITLE HAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN V KREMPP, KENNETH 1314 WILSON STREET JASPER, IN	D DIRECTORS Delete		ET ADDRESS R	ecretar ichard	CHANGES TO OFFIC 'y Slayton 5th Aver	☐ Change	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACKERMAN, BRET A 3152 BITTERSWEET DR JASPER, IN 47546	☐ Delets		ı J	asper,		Change	Addition
HITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERKAMP, GILBERT 1133 W. 14TH STREET JASPER, IN	□ Deleta		· L			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPPELL, JOHN 296 W 36TH STREET JASPER, IN	□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, PHILLIP 704 APPLEWOOD ROAD HUNTINGBURG, IN	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defele		1			☐ Change	Addition
of the cor	certify that the information supplied with an interpret or supplemental report or supplemental report poration or the receiver or trustee empty, or on an attachment with an address TURE:	ith this filling does not qualify it is true and eccurate and that is powered to execute this report and that the powered to execute this report at the powered that the power t	l as requi I.	red by Chapter 60	07, Florida Statute	e, Florida Statutes. I fu ct as if made under oa es; and that my name	appears in Block 10 o	or Block 11 if