

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90400 027 ***158.75

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1. Entity Name

DESHIELDS GROUP, INC.



Principal Place of Business

165 N.W. 20TH ST
BOCA RATON FL 33431

Mailing Address

2240 NW 23RD WAY
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

165 NW 23rd Way

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State
Boca Raton, FL

4. FEI Number

65-0538473

Applied For

Not Applicable

Zip

Country

Zip

33431

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINE, DEBORAH D
2240 NW 23RD WAY
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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

Deborah D. Stine

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 DESHEILDS, STEVEN C
STREET ADDRESS 241 BAY POINTE
CITY-ST-ZIP NAPLES FL 34103

TITLE V ☐ Delete
NAME DESHEILDS, DANIEL E
STREET ADDRESS 840 SW 17TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

TITLE T ☐ Delete
NAME STINE, DEBORAH D
STREET ADDRESS 2240 NW 23RD WAY
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Deborah D. Stine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29, 04 561-241-3189