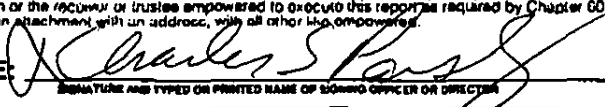


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P98000099885			
1. Entity Name DESOTO EXCAVATING, INC.			
Principal Place of Business: 6100 N HWY 17 ARCADIA, FL 34266		Mailing Address: P.O. BOX 1777 ARCADIA, FL 34265	
DO NOT WRITE IN THIS SPACE		 04202007 No Chg-P CR2F034 (11/05)	
		4. FFI Number 59-3552990 <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>	
Applied For	Not Applicable		
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSLEY, CHARLES S 6100 N HWY 17 ARCADIA, FL 34266		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PARSLEY, CHARLES S P.O. BOX 1777 ARCADIA, FL 34265		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PARSLEY, ALICE P.O. BOX 1777 ARCADIA, FL 34265		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 who empowered.			
SIGNATURE: 		5-2-07 993-0014 Date: _____ Daytime Phone: _____	

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05/31/07-80009-030 558.75

**DO NOT WRITE
IN THIS SPACE**