


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 194287
 1. Entity Name
 DIMARE JOHNS ISLAND, INC.



Principal Place of Business: 258 N.W. FIRST AVENUE, FLORIDA CITY, FL 33034 US
 Mailing Address: P.O. BOX 9000460, HOMESTEAD, FL 33090-0460 US



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0779833 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SACHER, CHARLES P.
 2655 LEJUNE RD, STE 1101
 CORAL ABLES, FL 33134

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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DIMARE, PAUL J.
STREET ADDRESS	258 N.W. 1ST AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	PST
NAME	DIMARE, PAUL J.
STREET ADDRESS	258 N.W. 1ST AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	D
NAME	DIMARE, ANTHONY J
STREET ADDRESS	258 N W 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	DV
NAME	DIMARE, SCOTT M
STREET ADDRESS	258 NW 1ST AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	CFO
NAME	FOLWELL, RONALD
STREET ADDRESS	258 NW 1ST. AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000281299
 02/30/05-80058-006 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Ronald L. Folwell Ronald L Folwell 03-22-05 305-245-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #