


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 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
---	--

DO NOT WRITE IN THIS SPACE



07222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0779833	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

U00000573737
08/07/06-80009-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: *Ronald L. Folwell* **7-22-06** **315-245-4211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #