

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 206841

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** DIMARE TAMPA, INC.

**Current Principal Place of Business:**

8150 EAGLE PALM DR  
RIVERVIEW, FL 33578 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 900460  
HOMESTEAD, FL 330900460

**New Mailing Address:**

**FEI Number:** 59-0813011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P  
2655 LEJUNE RD  
SUITE 1101  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DIMARE, PAUL J.  
Address: 258 N.W. 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL

Title: V  
Name: BRUNO, CHARLES E.  
Address: 8150 EAGLE PALM DR  
City-St-Zip: RIVERVIEW, FL 33578

Title: STD  
Name: DIMARE, ANTHONY J.  
Address: 258 N.W. 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL

Title: DV  
Name: DIMARE, SCOTT M  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: CFO  
Name: FOLWELL, RONALD L  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: V  
Name: TAYLOR, CHERYL A  
Address: 1049 AVENUE N EAST  
City-St-Zip: ARLINGTON, TX 76011

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD L. FOLWELL

CFO

01/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date