


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # G21300	
1. Entity Name D.P.M., INC.	

Principal Place of Business 2151 COOK LANE ALVA, FL 33920 US	Mailing Address 2151 COOK LANE ALVA, FL 33920 US
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01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2340977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAGLIENTE, ALBERT
2151 COOK LANE
ALVA, FL 33920

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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, 2004 Fee will be \$550.00

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

U00000101329
04/02/04-80033-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONANNI, RENATO 15 COLLEGE PL. YONKERS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAGLIENTE, ALBERT 2151 COOK LANE ALVA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAGLIENTE, PATRICIA A. 2151 COOK LANE ALVA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONANNI, ANTONIETTA 15 COLLEGE PL. YONKERS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: *Patricia A. Tagliante* **Patricia A. Tagliante**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *3/30/04* Daytime Phone #: *(239) 728-2172*