

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 381018

1. Entity Name
JAMES DIMARE SALES, INC.



Principal Place of Business
2205 NW 110TH AVE.
OCALA, FL 34482 US

Mailing Address
2205 NW 110TH AVE.
OCALA, FL 34482 US

FILED
04 FEB 16 PM 2:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1357395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIMARE, JAMES
2205 NW 110 AVENUE
OCALA, FL 32675

**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

James Dimare Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-04

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIMARE, JAMES
STREET ADDRESS	2205 NW 110TH AVE.
CITY-ST-ZIP	OCALA, FL

TITLE	SD
NAME	DIMARE, SHEILA A
STREET ADDRESS	2205 NW 110TH AVE.
CITY-ST-ZIP	OCALA, FL

TITLE	TD
NAME	DIMARE, SHELIA A.
STREET ADDRESS	2205 NW 110TH AVE.
CITY-ST-ZIP	OCALA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500029125205
02/20/04--01028--008 **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)(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:

James Dimare Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04 352 237-1336

Date

Daytime Phone #