

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90181 004 ***150.00

DOCUMENT # P01000072728

1. Entity Name
D & M FAMILY CORP



Principal Place of Business
**1339 BEVILLE ROAD
DAYTONA BEACH, FL 32119**

Mailing Address
**1339 BEVILLE ROAD
DAYTONA BEACH, FL 32119**

50036048

2. Principal Place of Business

5882 S RIDGEWOOD AVE

3. Mailing Address

3435 BAREBACK TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005

Chg-P

CR2E034 (10/03)

City & State

PORT ORANGE FL

City & State

ORMOND BEACH FL

4. FEI Number

59-3734215

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAIR, MELODY H
1339 BEVILLE ROAD
DAYTONA BEACH, FL 32119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1500 BEVILLE RD STE 606-322

City

FL

Zip Code

32114-5644

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **ANTONACIO, DANIEL G**
STREET ADDRESS **771 STERLING CHASE DRIVE**
CITY-ST-ZIP **PORT ORANGE, FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **ANTONACIO, DANIEL G**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL ANTONACIO

Date

4/8/05 386-304-8923

Daytime Phone #