

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 025 ***150.00

DOCUMENT # 429397		
1. Entity Name D.M.I. INCORPORATED		

Principal Place of Business 17568 ROCKEFELLER CR. SE FT. MYERS, FL 33912	Mailing Address 17568 ROCKEFELLER CR. SE FT. MYERS, FL 33912
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50004976



01182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1620783	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARLA J. PETERS 914 ROBALO DR FT. MYERS, FL 33905		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State Zip Code FL 33919	

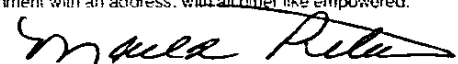
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	NOTE: Registered Agent signature required when changing	DATE _____
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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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPS	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	PETERS, MICHAEL J		NAME		
STREET ADDRESS	914 ROBALO DR		STREET ADDRESS		
CITY ST ZIP	FT MEYERS, FL		CITY ST ZIP	Fort MYERS, FL 33919	
TITLE	PT	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	PETERS, MARLA		NAME		
STREET ADDRESS	914 ROBALO DR		STREET ADDRESS	914 ROBALO DR	
CITY ST ZIP	FORT MYERS, FL 33919		CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			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: 	1-19-05	239-267-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		