

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687775

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: D.M.B. AND ASSOCIATES, INC.

## Current Principal Place of Business:

3901 MONUMENT RD  
SUITE 1  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

3921 ARBOR LAKE DR. W.  
JACKSONVILLE, FL 32225

## Current Mailing Address:

3901 MONUMENT RD  
SUITE 1  
JACKSONVILLE, FL 32225

## New Mailing Address:

3921 ARBOR LAKE DR. W.  
JACKSONVILLE, FL 32225

FEI Number: 59-2027825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISPLINGHOFF, DON  
3901 MONUMENT RD  
SUITE 1  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

BISPLINGHOFF, DON  
3921 ARBOR LAKE DR. W.  
JACKSONVILLE, FL 32225 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S/T ( ) Delete  
Name: KRECH, SANDRA  
Address: 3901 MONUMENT RD, SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DP ( ) Delete  
Name: BISPLINGHOFF, DONALD  
Address: 3901 MONUMENT RD., SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPT ( ) Delete  
Name: BISPLINGHOFF, DM JR  
Address: 3901 MONUMENT RD., SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32225

Title: V ( ) Delete  
Name: BISPLINGHOFF, ALEXIS  
Address: 3901 MONUMENT RD, STE. 1  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change ( ) Addition  
Name: KRECH, SANDRA  
Address: 3921 ARBOR LAKE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DP (X) Change ( ) Addition  
Name: BISPLINGHOFF, DONALD  
Address: 3921 ARBOR LAKE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPT (X) Change ( ) Addition  
Name: BISPLINGHOFF, DM JR  
Address: 3921 ARBOR LAKE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: V (X) Change ( ) Addition  
Name: BISPLINGHOFF, ALEXIS  
Address: 3921 ARBOR LAKE DR. W.  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA KRECH

S/T

04/21/2009

Electronic Signature of Signing Officer or Director

Date