


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 20 PM 2:03

SECRET  
TALLAHASSEE, FLORIDA

40038332

DOCUMENT # F04000004777	
1. Entity Name DEMARCO HOLDINGS INC.	

Principal Place of Business 3 POWELL CT GLEN MILLS, PA 19342	Mailing Address 3 POWELL CT GLEN MILLS, PA 19342
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**DO NOT WRITE IN THIS SPACE**

02172005	No Chg-P	CR2E034 (10/03)
4. FEI Number 20-0921129	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CABRERA, SAMIR~~ *Cabrera, Samir*  
7800 UNIVERSITY POINTE DR., 2ND FLOOR  
FORT MYERS, FL 33907

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DEMARCO, RAYMOND C 3 POWELL CT GLEN MILLS, PA 19342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC DEMARCO, WILLIAM J 3 POWELL CT GLEN MILLS, PA 19342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DE MARCO, ANTHONY B 3 POWELL CT GLEN MILLS, PA 19342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: \_\_\_\_\_ *[Signature]* Date: 3/16/05 60399-3532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #