

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # F04000006084

1. Entity Name
DMP CORPORATION OF SC



Principal Place of Business
**400 BRYANT BLVD.
ROCK HILL, SC 29732**

Mailing Address
**400 BRYANT BLVD.
ROCK HILL, SC 29732**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0506010	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000891905
04/23/08-80043-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MASTERS, MARK D**
STREET ADDRESS **1495 ALTURA ROAD**
CITY-ST-ZIP **FORT MILL, SC 29708**

TITLE **V**
NAME **DUBINSKY, PAUL**
STREET ADDRESS **1550 MARY ELLEN**
CITY-ST-ZIP **FORT MILL, SC 29708**

TITLE **S**
NAME **HOFFMAN, SHARON**
STREET ADDRESS **1806 FOREST LAKE DRIVE**
CITY-ST-ZIP **ROCK HILL, SC 29732**

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 exemptions contained 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 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

Date

Daytime Phone #

Sharon Hoffman
4/17/08