

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90037 032 ***150.00

DOCUMENT # F50598

1. Entity Name
DHG REAL ESTATE, INC.



Principal Place of Business
**25352 GALASHIELDS CIRCLE
BONITA SPRINGS, FL 34134**

Mailing Address
**25352 GALASHIELDS CIRCLE
BONITA SPRINGS, FL 34134**

44024056



2. Principal Place of Business

23010 Whispering Ridge Dr.
Suite, Apt. #, etc.

3. Mailing Address

23010 Whispering Ridge Dr.
Suite, Apt. #, etc.

02242004

Chg-P

CR2E034 (10/03)

City & State

Bonita Springs FL
Zip **34135** Country **USA**

City & State

Bonita Springs FL
Zip **34135** Country **USA**

4. FEI Number

59-2142113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, KIM
25352 GALASHIELDS CIRCLE
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

Name **Graham, Kim**
Street Address (P.O. Box Number is Not Acceptable)
23010 Whispering Ridge Dr.
City **Bonita Springs** FL Zip Code **34135**

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

Kim Graham

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

(NOTE: Registered Agent signature required when reinstating)

3/30/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAHAM, DAVID H 25352 GALASHIELDS CIRCLE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, KIM 25352 GALASHIELDS CIRCLE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23010 Whispering Ridge Dr. Bonita Springs FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23010 Whispering Ridge Dr. Bonita Springs FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David H. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. GRAHAM

3/30/04

Date

Daytime Phone #

239-390-1140