

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90076 032 ***150.00

DOCUMENT # H02784

1. Entity Name

DEGARMO ENTERPRISES, INC.



Principal Place of Business

2849 S ORANGE AVE
350
ORLANDO FL 32806-4553
US

Mailing Address

2849 S ORANGE AVE
350
ORLANDO FL 32806-4553
US



2. Principal Place of Business

7310 FORESTWOOD CT
Suite, Apt. #, etc.

3. Mailing Address

7310 FORESTWOOD CT
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-2414452

Applied For

Not Applicable

Zip

32835-2716

Country

USA

Zip

32835-2716

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, CHARLES J., JR.
14 EAST WASHINGTON STREET
ORLANDO FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DEGARMO, MARGARET
STREET ADDRESS 7310 FORESTWOOD CT
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPD ☐ Delete
NAME DEGARMO, CECIL
STREET ADDRESS 7310 FORESTWOOD CT
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cecil D. Degarmo VPD Cecil Degarmo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-23-2006 Telephone #

402-291-6818