

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90717 024 ***150.00

DOCUMENT # H16350

1. Entity Name

DA-MAR FINANCIAL CORPORATION



Principal Place of Business

5449 S SEMORON BLVD
218
ORLANDO FL 32822
US

Mailing Address

5449 S SEMORON BLVD
218
ORLANDO FL 32822
US

34000001



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2454701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, C. L.
5449 S SEMORAN BLVD
218
ORLANDO FL 32822

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

C. L. Newton

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

(NOTE: Registered Agent signature required when reinstating)

4.15.04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	P	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, C. L.	
STREET ADDRESS	8247 PALM HARBOR WAY	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, MARGUERITE	
STREET ADDRESS	8247 PALM HARBOR WAY	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Ball	
STREET ADDRESS	5449 S. Semoran Blvd Ste 218	
CITY - ST - ZIP	Orlando FL 32822	
TITLE	V.P. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Ball	
STREET ADDRESS	5449 S. Semoran Blvd Ste 218	
CITY - ST - ZIP	Orlando FL 32822	
TITLE	V.P. Principal Broker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newton, C. L.	
STREET ADDRESS	8247 Palm Harbor Way	
CITY - ST - ZIP	Orlando FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #