

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 042 ***150.00

DOCUMENT # H48035

1. Entity Name
DEINARR, INC.

Principal Place of Business
**1276 CROFTWOOD DRIVE
MELBOURNE, FL 32935 US**

Mailing Address
**1276 CROFTWOOD DRIVE
MELBOURNE, FL 32935 US**



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2510409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GERSON, RONALD
1911 NE 211 TERRACE 1276 Croftwood Dr.
MIAMI, FL 33179 Melbourne, FL 32935

**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, 2005 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
PD
GERSON, RONALD L.
1911 NE 211 TERRACE 1276 Croftwood Dr.
MIAMI, FL 33179 Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GERSON, DEBRA R.
1911 NE 211 TERRACE 1276 Croftwood Dr.
MIAMI, FL 33179 Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Debra R. Gerson **Debra R. Gerson**

Date

Daytime Phone #

4-9-05 321 253-9324