


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H82794 1. Entity Name D M B SUPPLY, INC.	
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Principal Place of Business 1250 E OVERDRIVE CIRCLE HERNANDO, FL 34442 US	Mailing Address P O BOX 399 HOLDER, FL 34445 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2599240	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 VARGO, MICHAEL 4586 W TOMAHAWK DR BEVERLY HILLS, FL 34465
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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	PD VARGO, MICHAEL G. 4586 W TOMAHAWK DR BEVERLY HILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGO, DARLENE A. 4586 W TOMAHAWK DR BEVERLY HILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VARGO, JOHN C 1510 E TRADEWIND DR HERNANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARGO, BARBARA J 1510 E TRADEWIND DR HERNANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/09/04-80003-011 150.00

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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: Darlene A. Vargo Darlene A. Vargo 1/16/04 1-352-489-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #