


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 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 |
|---|---|



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|-------------------------------|
| 4. FEI Number 59-2599240 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent VARGO, MICHAEL 4586 W TOMAHAWK DR BEVERLY HILLS, FL 34465 |
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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, 2006 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 BVERLY 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 | |

U00000528939
05/05/06-80057-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

352489 9100

Daytime Phone #