


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2599240	Applied For <input type="checkbox"/> 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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when remitting)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000911991 05/07/08-80058-015 150.00
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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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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: <u>Michael G Vargo</u> Michael G Vargo 4/18/08 3524899100	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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