

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H82794

Entity Name: D M B SUPPLY, INC.

FILED
Jul 22, 2009
Secretary of State**Current Principal Place of Business:**1250 E OVERDRIVE CIRCLE
HERNANDO, FL 34442 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 399
HOLDER, FL 34445 US**New Mailing Address:**

FEI Number: 59-2599240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:VARGO, MICHAEL
4586 W TOMAHAWK DR
BEVERLY HILLS, FL 34465 US**Name and Address of New Registered Agent:**BARKER III, WILLIAM H
114 E KNIGHTSBRIDGE PL
LECANTO, FL 34461 US

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.

SIGNATURE: WILLIAM H. BARKER, III

07/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: VARGO, MICHAEL G.
Address: 4586 W TOMAHAWK DR
City-St-Zip: BEVERLY HILLS, FLTitle: VD () Delete
Name: VARGO, DARLENE A.
Address: 4586 W TOMAHAWK DR
City-St-Zip: BEVERLY HILLS, FLTitle: TD () Delete
Name: VARGO, JOHN C
Address: 1510 E TRADEWIND DR
City-St-Zip: HERNANDO, FLTitle: SD () Delete
Name: VARGO, BARBARA J
Address: 1510 E TRADEWIND DR
City-St-Zip: HERNANDO, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: BARKER III, WILLIAM H.
Address: 114 E KNIGHTSBRIDGE PL
City-St-Zip: LECANTO, FL 34461Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. BARKER, III

PD

07/22/2009

Electronic Signature of Signing Officer or Director

Date