

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|                                                          |                                                                                    |
|----------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # J37247</b>                                 |  |
| 1. Entity Name<br><b>DEEMER TECHNICAL RESEARCH, INC.</b> |                                                                                    |

|                                                                                                                 |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>151 NE NARANJA AVE<br/>1515 NE NARANJA AVE<br/>PORT ST LUCIE, FL 34983 US</b> | Mailing Address<br><b>% WALTER R. DEEMER<br/>151 NE NARANJA AVE<br/>PORT ST. LUCIE, FL 34983 US</b> |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2722667**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEEMER, WALTER R.  
151 NORTH NARANJA AVENUE  
PORT ST. LUCIE, FL 34983**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable. DATE

|                                                                               |                                                                                                                        |                                                    |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>U000000129357<br/>04/26/04-80075-005 150.00</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDT<br/>DEEMER, WALTER R.<br/>151 N. NARANJA AVE<br/>PORT ST. LUCIE, FL</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>DEEMER, ROBERTA L.<br/>151 N. NARANJA AVE<br/>PORT ST. LUCIE, FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter R Deemer **WALTER R DEEMER** Apr 20 2004 (772) 879 7.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #