

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90046 039 \*\*\*150.00

**DOCUMENT # J46116**

1. Entity Name  
**DEMARAS, INCORPORATED**



Principal Place of Business  
**351 OCEAN DR. EAST  
KEY COLONY BEACH, FL 33051**

Mailing Address  
**P O BOX 510009  
KEY COLONY BEACH, FL 33051**

**64017312**



**DO NOT WRITE IN THIS SPACE**

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2744607**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEMARAS, SUE  
1324 COCO PLUM  
MARATHON, FL 33050**

**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

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, 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 DEMARAS, SUE 1324 COCO PLUM RD MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULK, BURNIE 8120 ENGLAND ST CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VORICK, LULA 491 10TH STREET KEY COLONY, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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

Date

Daytime Phone #

*Lula Vorick* **LULA VORICK** 3/3/04 205 743-4664