2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J46116

1. Entity Name
DEMARAS, INCORPORATED

Principal Place of Business	Mailing Address
351 OCEAN DR. EAST KEY COLONY BEACH, FL 33051	P O BOX 510009 KEY COLONY BEACH, FL 33051

DO NOT WRITE IN THIS SPACE

03142006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2744607	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

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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	PD
NAME	DEMARAS, SUE
STREET ADDRESS	1324 COCO PLUM RD
CITY-ST-ZIP	MARATHON, FL 33050

TITLE	D
NAME	FAULK, BURNIE
STREET ADDRESS	8120 ENGLAND ST
CITY-ST-ZIP	CHARLOTTE, NC 28273

TITLE	ST
NAME	VORICK, LULA
STREET ADDRESS	491 10TH STREET
CITY-ST-ZIP	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	

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03/29/06-80030-016 150.00

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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: _____ LULA VORICIC 3/15/06 305/743-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #