

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 022 ***150.00

DOCUMENT # M71295

Entity Name

DEMBY & ASSOCIATES, INC.



Principal Place of Business

87711 VETPOB/ 766 Hudson Ave
SC SUITE B
TSSBTPUB/014534711111VT
SARASOTA, FL 34236

Mailing Address

Q1CPY5: 1 P.O. Box 490
TSSBTPUB/014534111111VT
SARASOTA, FL 34230



*05092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0041797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMBY, DIANA
7336 JAVA DRIVE
SARASOTA, FL 34241

**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

5-8-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

☐ Election Campaign Financing
Trust Fund Contribution.

☐ %6/11 NbziCf !
Beef elupG f t

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEMBY, DIANA
STREET ADDRESS 7336 JAVA DR.
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ST
NAME DEMBY, MARY JO
STREET ADDRESS PO BOX 490
CITY-ST-ZIP SARASOTA, FL 34230

TITLE VP
NAME DEMBY, RAY
STREET ADDRESS PO BOX 490
CITY-ST-ZIP SARASOTA, FL 34230

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-08

Date

941 951 1941

Daytime Phone #