


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M81467 1. Entity Name DMH ENTERPRISES OF JACKSONVILLE, INC.	
---	---

Principal Place of Business % W. ROBINSON FRAZIER 1515 RIVERSIDE AVE. STE. A JACKSONVILLE, FL 32204	Mailing Address % W. ROBINSON FRAZIER 1515 RIVERSIDE AVE. STE. A JACKSONVILLE, FL 32204
--	--



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2894005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKS, DAVID M. 4705 ORTEGA BOULEVARD JACKSONVILLE, FL 32210

**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 signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS HICKS, DAVID M. 4705 ORTEGA BLVD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDGERTON, JOHN S. 1515 RIVERSIDE AVE STE-A JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, FRAZIER W 1515 RIVERSIDE AVE STE-A JACKSONVILLE, FL 32204
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**

U00000378460
01/09/06-80007-011 150.00

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:  **1-3-06 904-353-5616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. Robinson Frazier** Daytime Phone #