2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000021794

1. Entity Name
DMB SEMINOLE, INC.

Principal Place of Business
12140 92 AVE NORTH
SEMINOLE, FL 33772

Mailing Address
12140 92 AVE NORTH
SEMINOLE, FL 33772

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3630292 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BOMAN, MASHALL
12140 92 AVE NORTH
SEMINOLE, FL 33772

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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 Mashall Boman 2/14/04
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

U00000056800
02/19/04-80036-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOMAN, MARSHALL
STREET ADDRESS	12140 92ND AVE N
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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: Mashall Boman 2/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #