


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90042 004 \*\*\*150.00

**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**

**50018648**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3630292</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOMAN, MASHALL  
 12140 92 AVE NORTH  
 SEMINOLE, FL 33772**

**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 *Marshall Boman* DATE 2/18/05  
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, 2005 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	P BOMAN, MARSHALL 12140 92ND AVE N SEMINOLE, FL 33772
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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: *Marshall Boman* **PRESIDENT** MARSHALL BOMAN DATE 2/18/05 727-686-3470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #