

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054447

FILED
Apr 22, 2004
Secretary of State

Entity Name: DIVERSIFIED SUPPLY MANAGEMENT, INC.

Current Principal Place of Business:

12425 28TH ST. N # 103
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

12425 28TH ST. N # 103
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3649023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANTE, KELLY B ESQ
225 S. ADAMS ST STE 250
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HUMPHRIES, FREDERICK S
Address: 8701 GEORGIA AVE., SUITE 200
City-St-Zip: SILVER SPRING, MD 20910

Title: D () Delete
Name: DAVIS, PAMELA J
Address: 12425 28TH ST N #103
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: STD () Delete
Name: LEIVA, GERMAN
Address: 1550 MADRUGA AVE STE 406
City-St-Zip: CORAL SPRINGS, FL 33146

Title: AT () Delete
Name: SMITH, ROBERT M
Address: 12425 28TH ST N #103
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: AS () Delete
Name: KNIGHTLY, ESTHER
Address: 12425 28TH ST N #103
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M SMITH

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04/22/2004

Electronic Signature of Signing Officer or Director

Date