

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000091617

1. Entity Name
D.M.H. COLLECTABLE TREASURES, INC.



Principal Place of Business
**308 SUNNYSIDE LANE
DEBARY, FL 32713**

Mailing Address
**308 SUNNYSIDE LANE
DEBARY, FL 32713**



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3678558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWELL, DAMON
308 SUNNYSIDE LANE
DEBARY, FL 32713**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HOWELL, DAMON
STREET ADDRESS	308 SUNNYSIDE LANE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	SVD
NAME	LEMAY, CHRISTOPHER
STREET ADDRESS	308 SUNNYSIDE LANE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000576347
09/07/06-80001-021 150.00

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IN THIS SPACE**

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:

Damon Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06
Date

386-822-934
Daytime Phone #