

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000000268

1. Entity Name
DMC ENTERPRISES, INC.



Principal Place of Business
1263 FLUSHING AVE
CLEARWATER, FL 33764 US

Mailing Address
1263 FLUSHING AVE
CLEARWATER, FL 33764 US



03182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0096309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMED, CHRISTINE N
1263 FLUSHING AVE.
CLEARWATER, FL 33764

**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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

1100000477374
04/06/06-80038-020 150.00

10. OFFICERS AND DIRECTORS

TITLE STD
NAME MOHAMMED, DAVETON
STREET ADDRESS 1263 FLUSHING AVE.
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE P
NAME MOHAMMED, CHRISTINE N
STREET ADDRESS 1263 FLUSHING AVE.
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Christine Mohammed 3/18/2006 727 524 8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #