

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000001569**

1. Entity Name  
**DEMARAZ FARMS ARABIANS, INC.**



Principal Place of Business  
**2552 TOMOKA FARMS ROAD  
DAYTONA BEACH, FL 32128**

Mailing Address  
**2552 TOMOKA FARMS ROAD  
DAYTONA BEACH, FL 32128**

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3688152**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LAPHAM, DIANE  
2552 TOMOKA FARMS ROAD  
DAYTONA BEACH, FL 32128**

**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 reconstituting) 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**

**U000000160082  
05/13/04-80006-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAPHAM, DIANE 2552 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARQUEZ, THELMA 2552 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/04** **386-767-8886**  
Date Daytime Phone #