

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 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**



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3688152</b>	Applied For <input type="checkbox"/> 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**

**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 reinstating) 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

**100000402496  
02/03/06-80011-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LAPHAM, DIANE
STREET ADDRESS	2552 TOMOKA FARMS ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32128

TITLE	STD
NAME	MARQUEZ, THELMA
STREET ADDRESS	2552 TOMOKA FARMS ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32128

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 or without other like empowered.

**SIGNATURE:** *Diane Lapham* **Diane Lapham** 1-23-06 386-763-2589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #