APR-19-04 14:36 FROM: 9545659860 TO:9

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90176 028 ***150.00

DOCUMENT # P01000027270

1. Entity Name
DEMOLITION & ESTATE SALES SPECIALISTS, INC.

Principal Place of Business	Mailing Address
901 PROGRESSO DRIVE SUITE L-8. FORT LAUDERDALE, FL 33304	901 PROGRESSO DRIVE SUITE L-8 FORT LAUDERDALE, FL 33304

14020723

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1113963
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~HOLLANDER, SRUGE PA~~ RICHARD K. INGLIS P.A.
~~901 S STATE ROAD 7~~ 2455 E. SUNRISE BLVD
~~PENTHOUSE 6~~ #320
~~HOLLYWOOD, FL 33023~~ FT LTO FL 33304

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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 _____ 4-22-04
Signature, type or print name and capacity/title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	JOHNSON, ELIZABETH
STREET ADDRESS	901 PROGRESSO DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	S VP
NAME	CLEMENS, SHERRY SUE
STREET ADDRESS	2543 OKEECHOBEE LN
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	VP
NAME	~~SNIDER, JUANITA~~
STREET ADDRESS	901 PROGRESSO DRIVE
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33304~~
TITLE	D
NAME	NAHABEDIAN, BENJAMIN
STREET ADDRESS	901 PROGRESSO DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
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 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: Elizabeth E. Johnson 4-22-04 954-525-3289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #