

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90056 019 ***150.00

DOCUMENT # P01000036820 1. Entity Name DMI TRANSPORT, INC.					
Principal Place of Business 20250 ALBURY PORT CHARLOTTE, FL 33952 US			Mailing Address PO BOX 381296 MURDOCK, FL 33938 US		
2. Principal Place of Business 19500 PEACHLAND BLVD Suite, Apt. #, etc. BLDG E City & State PORT CHARLOTTE FL Zip 33952 Country US		3. Mailing Address PO Box 381296 Suite, Apt. #, etc. City & State MURDOCK FL Zip 33938 Country 			
4. FEI Number 65-1103732				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCKINLEY, DANA C 9379 STEUBENVILLE AVENUE ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: 3-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY, DANA C 9379 STEUBENVILLE AVENUE ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mckinley, DANA C. 16173-C FRANKLIN AVE PORT CHARLOTTE FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			3-11-04 941-416-0678 <small>Date Daytime Phone #</small>		