

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90008 013 \*\*\*550.00

<b>DOCUMENT # P01000078389</b> 1. Entity Name <b>DALMAR MANUFACTURING COMPANY</b>					
Principal Place of Business <b>11759 CLEVELAND AVE FT MYERS FL 33907</b>				Mailing Address <b>11759 CLEVELAND AVE FT MYERS FL 33907</b>	
2. Principal Place of Business <b>11759 S. CLEVELAND</b> Suite, Apt. #, etc. <b>SUITE 28</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>FORT MYERS, FL</b>			
City & State <b>FORT MYERS, FL</b>		City & State  		4. FEI Number <b>65-1142554</b>	
Zip <b>33907</b>		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, DALE R 11759 CLEVELAND AVE FT MYERS FL 33907</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$550.00</b>  <b>DUE BY September 8, 2004</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 40%;">           S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> </div> <div style="width: 20%;"> <b>9. Election Campaign Financing</b>            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<b>D</b>	<b>MILLER, DALE R</b>	<b>11759 CLEVELAND AVE FT MYERS FL 33907</b>		
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.					
<b>SIGNATURE:</b> <u>DALE R. MILLER</u> <b>DALE R. MILLER</b> <u>7/30/04</u> <u>239-275-6540</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					