2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000119524

1. Entity Name
DIMAR CORP.

Principal Place of Business	Mailing Address
4516 DEL SOL BLVD. SARASOTA, FL 34243	4516 DEL SOL BLVD. SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE

03222004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
36-4484683	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZENBERGER, MARTIN
4516 DEL SOL BLVD.
SARASOTA, FL 34243

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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 _____ 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	U00000099693 03/31/04-80015-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	KATZENBERGER, MARTIN
STREET ADDRESS	4516 DEL SOL BLVD.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	P
NAME	KATZENBERGER, BEVERLY
STREET ADDRESS	4516 DEL SOL BLVD
CITY-ST-ZIP	SARASOTA, FL 34243
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 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: _Martin T Katzenberger_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #