

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000018844

1. Entity Name
D.E.M. OF DELRAY BEACH, INC.



Principal Place of Business
830 SE 5TH AVE
DELRAY BEACH, FL 33483

Mailing Address
830 SE 5TH AVE
DELRAY BEACH, FL 33483



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3601691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, DOUGLAS
830 SE 5TH AVE
DELRAY BEACH, FL 33483

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000837787
03/05/08-80004-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, DOUGLAS
STREET ADDRESS 4115 NW 7TH LANE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D
NAME MOORE, ELLEN D.M.
STREET ADDRESS 4115 NW 7TH LANE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: Douglas R. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/08 561-276-7488

Douglas R. Moore