


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90059 049 \*\*\*150.00

<b>DOCUMENT # P02000078610</b>					
1. Entity Name DEMERE CONSTRUCTION, INC.					
Principal Place of Business 7936 COFFEE CREEK LANE GROVELAND, FL 34736			Mailing Address 7936 COFFEE CREEK LANE GROVELAND, FL 34736		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0878782	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEMERE, KENNETH A 7936 COFFEE CREEK LANE GROVELAND, FL 34736				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERE, KENNETH A	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	7936 COFFEE CREEK LANE			STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736			CITY-ST-ZIP	
TITLE	DV			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERE, STEVE	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	7936 COFFEE CREEK LANE			STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Ken Demere</u>			4/17/08		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		