

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125481

FILED
Apr 26, 2005
Secretary of State

Entity Name: DEMCO MANAGEMENT GROUP INC.

Current Principal Place of Business:

3720 HANOVER ST
FORT MYERS, FL 33901

New Principal Place of Business:

629 SE 36TH ST.
CAPE CORAL, FL 33904

Current Mailing Address:

P.O. BOX 101685
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 04-3750943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMSKI, FREDERICK W III
3720 HANOVER ST
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

DEMSKI, FREDERICK W III
629 SE 36TH ST.
CAPE CORAL, FL 33904 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/26/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREDERICK, DEMSKI W III
Address: 3720 HANOVER ST.
City-St-Zip: FORT MYERS, FL 33901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FREDERICK, DEMSKI W III
Address: 629 SE 36TH ST.
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK W. DEMSKI III

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date