2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90042 011 ***150.00

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1. Entity Name
DM EQUITIES, INC.

Principal Place of Business	Mailing Address
26133 US HWY 19 N SUITE 412 CLEARWATER, FL 33763	26133 US HWY 19 N SUITE 412 CLEARWATER, FL 33763

03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3011660
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, ANTHONY G ESQUIRE
2024 W. CLEVELAND STREET
TAMPA, FL 33606

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	MALAGIES, DIDIER
STREET ADDRESS	26133 US HWY 19 N, SUITE 412
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	VP
NAME	TANNER, JOEL
STREET ADDRESS	26133 US HWY 19 N, SUITE 412
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	S
NAME	QUINT, CYNTHIA
STREET ADDRESS	26133 US HWY 19 N, SUITE 412
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	T
NAME	WEINGARTNER, CYNTHIA
STREET ADDRESS	26133 US HWY 19 N, SUITE 412
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ CEO 3/30/05 727 669 0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #