


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90237 043 ***150.00

DOCUMENT # P03000011522	
1. Entity Name D.E.M. SUPPORT SERVICES, INC	

Principal Place of Business 3000 CORONET LANE 202 JACKSONVILLE FL 32209	Mailing Address P.O. BOX 23552 JACKSONVILLE FL 32241
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14021907



MOORE CR2E034 (11/03)

2. Principal Place of Business 6034 Chester Ave	3. Mailing Address 6034 Chester Ave
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32217	Country U.S.A

4. FEI Number 431995628	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOKUWA, DANIEL 3000 CORONET LANE 202 JACKSONVILLE FL 32207	
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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 Daniel Mokuwa	DATE 5/3/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MOKUWA, DANIEL 3000 CORONET LANE #202 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MASAH MOKUWA 3000 CORONET LN #202 JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: Daniel Mokuwa	DATE: 5/3/04	DAYTIME PHONE #: (904) 733-7503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Attachment

14021907
#P03000011522

D.E.M. Support Services Inc.
6034 Chester Ave. # 205
Jacksonville, FL. 32217

May 3, 2004.

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL. 32314.

To Whom It May Concern.

I Received the "For Profit Corporation Annual Report (AR)" on May 3, 2004. This form was received after the May 1, 2004 deadline.

I am asking for the penalty fee be waived since I received the form on May 3, 2004. Enclosed is the original envelop without any postal stamp.

Sincerely


Daniel Mokuwa.

2004/05/03