

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-05-2004 90235 004 ***158.75

DOCUMENT # P03000067348 1. Entity Name DAMEIER, INC.			
Principal Place of Business 505 RIVER COVE PLACE INDIALANTIC FL 32903		Mailing Address 505 RIVER COVE PLACE INDIALANTIC FL 32903	
2. Principal Place of Business 505 River Cove Pl		3. Mailing Address 505 River Cove Pl	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Indialantic FL		City & State Indialantic FL	
Zip 32903		Zip 32903	
Country 		Country USA	
4. FEI Number 59-1561119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDS, CAROL L 505 RIVER COVE PLACE INDIALANTIC FL 32903		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 <u>Carol L. Davids</u> 4/29/04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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	
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete DAVIDS, CAROL L 505 RIVER COVE PLACE INDIALANTIC FL 32903	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete BREITMEIER, JAMES W 7930 TIMBERLAKE DRIVE WEST MELBOURNE FL 32904	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	
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	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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: <u>Carol L. Davids</u> 4/29/04 321-727-7235 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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MOORE CR2E034 (11/03)