

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000079155

1. Entity Name  
DKM REAL ESTATE INVESTORS, INC.



Principal Place of Business

7261 BEE RIDGE RD  
SARASOTA, FL 34241

Mailing Address

7261 BEE RIDGE RD  
SARASOTA, FL 34241

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0226227

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKLAND, MARJORIE  
7261 BEE RIDGE RD  
SARASOTA, FL 34241

**DO NOT WRITE  
IN THIS SPACE**

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

*Marjorie A. Strickland*

(NOTE: Registered Agent signature required when reinstating)

2/3/05

DATE

**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 D  
NAME RANCOURT, DAVE  
STREET ADDRESS 9075 MISTY CREEK DRIVE  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE D  
NAME STEPHENS, KENNETH  
STREET ADDRESS 4971 HUBNER CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE D  
NAME STRICKLAND, MARJORIE  
STREET ADDRESS 5626 MONTE RUSSO RD  
CITY-ST-ZIP SARASOTA, FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000218421  
02/07/05-80064-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-03-05 941-378-0191

Date

Daytime Phone #