

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000093222

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** DML FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2582 S MAGUIRE RD  
206  
OCOE, FL 34761

**New Principal Place of Business:**

229 FRANKLIN ST  
OCOE, FL 34761

**Current Mailing Address:**

PO BOX 547  
GOTHA, FL 34734 05

**New Mailing Address:**

**FEI Number:** 14-1893753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, DANA M  
1288 MELONTREE CT  
GOTHA, FL 34734 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWIS, DANA M  
Address: 1288 MELONTREE CT  
City-St-Zip: GOTHA, FL 34734

I hereby 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 all other like empowered.

SIGNATURE: DANA LEWIS

PD

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date