


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90080 026 ***150.00

DOCUMENT # P03000094215 1. Entity Name DEMED CORPORATION, INC.					
Principal Place of Business 817 NW 30TH AVE OCALA, FL			Mailing Address 817 NW 30TH AVE OCALA, FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOWMAN, WILLIAM R JR. 315 E ROBINSON ST STE 600 ORLANDO, FL 32801				Name Anne M. Christensen Street Address (P.O. Box Number is Not Acceptable) 817 NW 30th Ave City Ocala FL Zip Code 34475	
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>Anne M Christensen ANNE M CHRISTENSEN</u> DATE <u>1-16-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTENSEN, EVAN 10627 SW 55TH PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, DANA 19898 SE 75TH ST DUNNELLON, FL 34431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHRISTENSEN, DAVID R 9147 SW 197TH CIRCLE DUNNELLON, FL 34432 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTENSEN, ERIK 8692 SW 55TH TERRACE OCALA, FL 34476 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, ANNE M 9147 197TH CIRCLE DUNNELLON, FL 34432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENSEN, DAVID D 20 OAK HOLLOW DRIVE BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete		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.					
SIGNATURE: <u>Evan Christensen EVAN CHRISTENSEN</u> DATE <u>1-13-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					