

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90272 037 ***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**

60027214

2. Principal Place of Business
9085 SW Hwy 200
Suite, Apt. #, etc.

3. Mailing Address
9085 SW Hwy 200
Suite, Apt. #, etc.



City & State
Ocala, FL

City & State
Ocala, FL

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
90-0147366

Applied For
Not Applicable

Zip
34481

Country
USA

Zip
34481

Country
USA

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

6. Name and Address of Current Registered Agent

**CHRISTENSEN, ANNE M
817 NW 30TH AVE
OCALA, FL 34475**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9085 SW Hwy 200
City **Ocala** **FL** **34481**

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 *ANNE M. CHRISTENSEN*
Signature, typed or printed name of registered agent and title if applicable

Anne M Christensen
(NOTE: Registered Agent signature required when reinstating)

1-8-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHRISTENSEN, EVAN**
STREET ADDRESS **10627 SW 55TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T/S** ☐ Delete
NAME **CHRISTENSEN, DANA**
STREET ADDRESS **19898 SE 75TH ST**
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE **C** ☐ Delete
NAME **CHRISTENSEN, ANNE M**
STREET ADDRESS **9147 197TH CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **VP** ☐ Delete
NAME **CHRISTENSEN, DAVID D**
STREET ADDRESS **20 OAK HOLLOW DRIVE**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4715 Grant Mills Dr**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **19527 SW 86th Ln**
CITY-ST-ZIP **Dunnellon, FL 34432**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9147 SW 197th Circle**
CITY-ST-ZIP **Dunnellon, FL 34432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *DANA D. CHRISTENSEN* *Dana D. Christensen* *1-6-06* *629-7168*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #