

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90017 025 \*\*\*150.00

**DOCUMENT # P03000094215**

1. Entity Name  
**DEMED CORPORATION, INC.**



Principal Place of Business  
**9085 SW HWY 200  
OCALA, FL 34481**

Mailing Address  
**9085 SW HWY 200  
OCALA, FL 34481**

40055576



**DO NOT WRITE IN THIS SPACE**

01132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**90-0147366**

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**CHRISTENSEN, ANNE M  
9085 SW HWY 200  
OCALA, FL 34481**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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
NAME	CHRISTENSEN, EVAN
STREET ADDRESS	4715 GRANT MILLS DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	T/S
NAME	CHRISTENSEN, DANA
STREET ADDRESS	19898 SE 75TH ST
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	C
NAME	CHRISTENSEN, ANNE M
STREET ADDRESS	19527 SW 86TH LANE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	VP
NAME	CHRISTENSEN, DAVID D
STREET ADDRESS	9147 SW 197TH CIRCLE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-07