2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P03000094215

Entity Name: DEMED CORPORATION, INC.

Current Principal Place of Business:

9085 SW HWY 200
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

9085 SW HWY 200
OCALA, FL 34481

New Mailing Address:

FEI Number: 90-0147366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHRISTENSEN, EVAN
Address: 4715 GRANT MILLS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: T/S ( ) Delete
Name: CHRISTENSEN, DANA
Address: 19898 SE 75TH ST
City-St-Zip: DUNNELLON, FL 34431

Title: C ( ) Delete
Name: CHRISTESEN, ANNE M
Address: 19527 SW 86TH LANE
City-St-Zip: DUNNELLON, FL 34432

Title: VP ( ) Delete
Name: CHRISTENSEN, DAVID D
Address: 9147 SW 197TH CIRCLE
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID D CHRISTENSEN VP 04/02/2009
Electronic Signature of Signing Officer or Director Date