

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000113055

1. Entity Name
DIMON PROFESSIONAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

Principal Place of Business
2566 DOVER GLEN CIR
ORLANDO, FL 32828

Mailing Address
2566 DOVER GLEN CIR
ORLANDO, FL 32828

2. Principal Place of Business
Orlando Florida

3. Mailing Address
2566 Dover Glen circle



09172004

Chg-P

CR2E034 (10/03)

MRS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number

54 2129461

Applied For

Not Applicable

Zip
32828

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONTAXGONZALEZ SERVICE, CORP.
4142 W OAKRIDGE RD STE 102
ORLANDO, FL 32809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CANTOR, IRMA M
2566 DOVER GLEN CIR
ORLANDO, FL 32828

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
DIAZ, DAVID
2566 DOVER GLEN CIR
ORLANDO, FL 32828

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200041909202
10/15/04--01101--015 **158.75

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-04

Date

Daytime Phone #

407 9286198