


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 025 ***158.75

DOCUMENT # P03000151517 1. Entity Name D & M AUTOS INC.					
Principal Place of Business 2838 LAND O LAKES BLVD LAND O LAKES FL 34639			Mailing Address 19409 VIA DEL MAR #103 TAMPA FL 33647		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 2810 Torrance Drive Suite, Apt. #, etc.		
City & State Land o Lakes FL.			4. FEI Number 16-1688884 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>		
Zip 34638	Country U.S.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARP, DARRELL 19409 VIA DEL MAR #103 TAMPA FL 33647			7. Name and Address of New Registered Agent Name Harp Darrell Street Address (P.O. Box Number is Not Acceptable) 2810 Torrance Drive City Land o Lakes FL Zip Code 34638		
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 James H. Pres Darrell Harp DATE 4-12-05 <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 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME HARP, DARRELL STREET ADDRESS 19409 VIA DEL MAR #103 CITY-ST-ZIP TAMPA FL 33647	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Harp Darrell STREET ADDRESS 2810 Torrance Drive CITY-ST-ZIP Land o Lakes FL. 34638				
TITLE VP <input type="checkbox"/> Delete NAME HARP, MAURA STREET ADDRESS 19409 VIA DEL MAR #103 CITY-ST-ZIP TAMPA FL 33647	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Harp Maura STREET ADDRESS 2810 Torrance Drive CITY-ST-ZIP Land o Lakes FL. 34638				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 of 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: James H. Pres Darrell Harp DATE 4-12-05 DAYTIME PHONE # 813-508-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					