


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000153583  
1. Entry Name  
D & M OF FLAGLER, INC.



Principal Place of Business      Mailing Address  
7 INDIAN MOUND CT      7 INDIAN MOUND CT  
FLAGLER BEACH, FL 32136      FLAGLER BEACH, FL 32136

**DO NOT WRITE IN THIS SPACE**



04062006    No Chg-P    CR2E034 (11/05)  
4. FEI Number: 20-0786518    Applied For: Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BERISHA, DONIKA  
7 INDIAN MOUND CT.  
FLAGLER BEACH, FL 32136

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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 NAME STREET ADDRESS CITY-STATE-ZIP	P BERISHA, DONIKA 7 INDIAN MOUND CT FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BERISHA, ANTHONY 7 INDIAN MOUND CT FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S KARAGIANNIS, ANTIGONE 7 INDIAN MOUND CT FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U00000517442  
05/01/06-80045-008 150.00  
**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: *Donika Berisha*      4-14-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #