2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2005 8:00 am Secretary of State DOCUMENT # P04000014602 03-04-2005 90077 019 \*\*\*158.75 1. Entity Name DMS FORMS, INC. Principal Place of Business Mailing Address 66008700 777 NW 92ND AVE 777 NW 92ND AVE PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 11090 CAMERON . Mailing Additess 1090 CAMERON 01162005 CR2E034 (10/03) . Đ 4. FEI Number Applied For City & State 20-0675289 Not Applicable Country USA Country \$8.75 Additional Zip 5. Certificate of Status Desired 42V Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent COURTNEY, KATHRYN 777 NW 92ND AVE PLANTATION, FL 33324 6. 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 KATTHRYN <u>-01-05</u> \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE COURTNEY, KATHRYN COURTNEY, KATHRYN NAME NAME STREET ADDRESS 777 NW 92ND AVE STREET ADDRESS 11090 CAMERON CT CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZP ☐ Change ☐ Deicte TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-72P CITY-SI-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deteta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE:

**FILED**