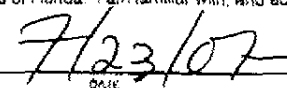


FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000018147			
1. Entity Name DOLMAR PROPERTY MANAGEMENT INC			
Principal Place of Business 38 ESPERANTO DRIVE PALM COAST FL 32184		Mailing Address 36 ESPERANTO DRIVE PALM COAST FL 32184	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0643160		Applying For ☐ Additional Fee Required ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		2nd MOORE GR2E034 (4/07)	
6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE STE A HOLLY HILL FL 32117		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:  DATE: 7/23/07 Signature, typed or printed name of registered agent, and this is applicable (NOTE: Proxy and Agent Signature required when transacting)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULBERG, MARTIN 36 ESPERANTO DRIVE PALM COAST FL 32184 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition UN0000770951 07/31/07-80007-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULBERG, DOLORES 36 ESPERANTO DRIVE PALM COAST FL 32184 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-27-07 386-437-2911 Date Daytime Phone #	