


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000041252**

1. Entity Name  
D.F.M. CORP. OF BOCA GRANDE, INC.



Principal Place of Business  
370 GASPARILLA ST BOX #214  
BOCA GRANDE, FL 33921

Mailing Address  
P O BOX 214  
BOCA GRANDE, FL 33921

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
54-2145347

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IZZO, JOHN P  
773 S INDIANA AVE  
ENGLEWOOD, FL 34223

**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, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FUTCH, STEVE 370 GASPARILLA ST BOX #214 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCHUGH, DAVE 370 GASPARILLA ST BOX #214 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, FRANK 370 GASPARILLA ST BOX #214 BOCA GRANDE, FL 33921
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/11/07-80012-019 150.00

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:** David Mchugh 1-8-07 941-904-1090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #