

FILED
Mar 03, 2005 8:00 am
Secretary of State


03-03-2005 90168 043 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

40024908



01202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000085443			
1. Entity Name DMCH INC.			
Principal Place of Business 423 10TH AVE W PALMETTO, FL 34221 US		Mailing Address 423 10TH AVE W PALMETTO, FL 34221 US	
2. Principal Place of Business 8205 US HIGHWAY 301 N Suite, Apt. #, etc.		3. Mailing Address 7112 PROSPECT ROAD Suite, Apt. #, etc.	
City & State PARRISH, FL		City & State SARASOTA, FL	
Zip 34219-8670		Country USA	
Zip 34219-8670		Country USA	
4. FEI Number 20-1183527		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCH, CYNTHIA H 421 10TH AVE W PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name HAGAN H. HUBER Street Address (P.O. Box Number is Not Acceptable) 7112 PROSPECT ROAD City SARASOTA FL Zip Code 34243	
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 <u>HAGAN H. HUBER, PRES.</u> <u>16/16</u> <u>2-28-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HUBER, DECLAN E 7070 PROSPECT ROAD SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LYNCH, CYNTHIA H 1405 11TH AVE W PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUBER, HAGAN H. 7112 PROSPECT ROAD SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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 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: <u>HAGAN H. HUBER</u> <u>16/16</u> <u>2-28-05</u> <u>941.360-8392</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	