

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095206

Entity Name: DMG PERSONNEL, INC.

FILED
Mar 01, 2005
Secretary of State

Current Principal Place of Business:

9020 RANDHO DEL RIO DR SUITE 101
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

9020 RANCHO DEL RIO DR SUITE 101
NEW PORT RICHEY, FL 34655

Current Mailing Address:

9020 RANDHO DEL RIO DR SUITE 101
NEW PORT RICHEY, FL 34655

New Mailing Address:

9020 RANCHO DEL RIO DR SUITE 101
NEW PORT RICHEY, FL 34655

FEI Number: 30-0268513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GARY L
9020 RANDHO DEL RIO DR SUITE 101
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

DAVIS, GARY L
9020 RANCHO DEL RIO DR SUITE 101
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE: GARY L. DAVIS

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, GARY L
Address: 2321 WOODBEND CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: MARLOWE, RUSSELL G
Address: 22919 GLEN CT
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: GREY, FRANK I
Address: 9535 STAR TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, GARY L
Address: 2321 WOODBEND CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPTD (X) Change () Addition
Name: MARLOWE, RUSSELL G
Address: 22919 GLEN CT
City-St-Zip: LAND O LAKES, FL 34639

Title: VPSD (X) Change () Addition
Name: GREY, FRANK I
Address: 9535 STAR TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. DAVIS

P

03/01/2005

Electronic Signature of Signing Officer or Director

Date