

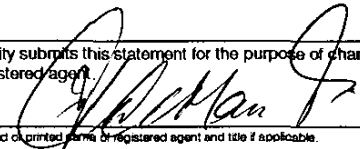



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90016 015 \*\*\*150.00

<b>DOCUMENT # P04000111904</b> 1. Entity Name DEMANT ASSOCIATES, INC.																																																																																																																																																			
Principal Place of Business P.O. BOX 4181 NORTH FT. MYERS, FL 33918		Mailing Address P.O. BOX 4181 NORTH FT. MYERS, FL 33918																																																																																																																																																	
2. Principal Place of Business 2301 DEL PRADO BLVD S. Suite, Apt. #, etc. 830 City & State CAPE CORAL, FL Zip 33990 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																																	
																																																																																																																																																			
		03112005 Chg-P CR2E034 (10/03)																																																																																																																																																	
4. FEI Number 16-1704914		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name JOHN DEMANT Street Address (P.O. Box Number is Not Acceptable) 6072 EAGLE WATCH COURT City N. FORT MYERS FL Zip Code 33917																																																																																																																																																	
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 3/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
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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: JOHN DEMANT 		3/18/05 (939) 898-9571																																																																																																																																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																																																																																																																																	