


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000160677</b>	
1. Entity Name <b>DEMPS &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE, FL 32207</b>	Mailing Address <b>1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE, FL 32207</b>
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>78-3177289</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMPS, SR., JOHN W  
1650 ART MUSEUM DRIVE SUITE 11  
JACKSONVILLE, FL 32207**

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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEMPS, ERIC M 1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE, FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEMPS, SR., JOHN W 1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE, FL 32207</b>
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Demps Sr.* **John W. Demps Sr.** 4/7/06 904-393-7993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If