


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000160677 1. Entity Name DEMPS & ASSOCIATES, INC.	
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04062008 No Chg-P CR2E034 (11/05)

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

4. FEI Number 78-3177289	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

**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 _____
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, 2008 Fee will be \$550.00**

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

00000925175
05/20/08-80016-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPS, ERIC M 1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPS, SR., JOHN W 1650 ART MUSEUM DRIVE SUITE 11 JACKSONVILLE, FL 32207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Eric M. Demps ERIC M. DEMPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (904) 398-6266
Date Daytime Phone #