

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000014628</b>					
<b>1. Entity Name</b> DEFENSE MANAGEMENT GROUP, INC.					
<b>Principal Place of Business</b> 815 ORIENTA AVENUE STE 1060 ALTAMONTE SPRINGS FL 32701 US			<b>Mailing Address</b> 370 LAKE SEMINARY CIRCLE MAITLAND FL 32751 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-2280975	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  UHRIG, JANET G 815 ORIENTA AVENUE SUITE 1060 ALTAMONTE SPRINGS FL 32701			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOT: Registered Agent signature required when reinstating)					
Separate, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> UHRIG, JANET G		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 370 LAKE SEMINARY CIRCLE	<b>CITY- ST- ZIP</b> MAITLAND FL 32751			<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 
<b>TITLE</b> S	<b>NAME</b> UHRIG, JANET G		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b> <i>Janet G. Uhrig</i> <b>JANET GUHRIG P/S 12/10 1/22/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



1st MOORE CR2E034 (10/06)

**4. FEI Number** 20-2280975 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name

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FL Zip Code

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FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. Added to Fees

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TITLE P

NAME UHRIG, JANET G

STREET ADDRESS 370 LAKE SEMINARY CIRCLE

CITY- ST- ZIP MAITLAND FL 32751

TITLE S

NAME UHRIG, JANET G

STREET ADDRESS 370 LAKE SEMINARY CIRCLE

CITY- ST- ZIP MAITLAND FL 32751

TITLE T

NAME UHRIG, JANET G

STREET ADDRESS 370 LAKE SEMINARY CIRCLE

CITY- ST- ZIP MAITLAND FL 32751

TITLE D

NAME UHRIG, JANET G

STREET ADDRESS 370 LAKE SEMINARY CIRCLE

CITY- ST- ZIP MAITLAND FL 32751

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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SIGNATURE: *Janet G. Uhrig* **JANET GUHRIG P/S 12/10 1/22/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #