

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90012 049 ***150.00

DOCUMENT # P05000085931

1. Entity Name
D AND M VOLTAIRE, INC.



Principal Place of Business Mailing Address
365 MELODY COURT 5550 Belrose Street 365 MELODY COURT 5550 Belrose St.
FORT MYERS, FL 33916 Lehigh Acres, FL FORT MYERS, FL 33916 Lehigh Acres, FL
33971 33971



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3154800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRY, HARRY O
2242 MAIN STREET
FORT MYERS, FL 33916

**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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VOLTAIRE, DAVID
STREET ADDRESS	365 MELODY COURT 5550 Belrose Street
CITY-ST-ZIP	FORT MYERS, FL 33916 Lehigh Acres, FL 33971
TITLE	DVST
NAME	VOLTAIRE, MARIE-JO
STREET ADDRESS	365 MELODY COURT 5550 Belrose Street
CITY-ST-ZIP	FORT MYERS, FL 33916 Lehigh Acres, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

Daytime Phone #

(239) 477-5205