

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135753

Entity Name: DMLS INCORPORATED

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1838 IMPERIAL PALM DR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 915451  
LONGWOOD, FL 327915451

**New Mailing Address:**

FEI Number: 20-3577876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANGTON, DESMOND M  
1838 IMPERIAL PALM DR  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LANGTON, DESMOND M  
Address: 1838 IMPERIAL PALM DR  
City-St-Zip: APOPKA, FL 32791

Title: D  
Name: LANGTON, MICHELLE A  
Address: 1838 IMPERIAL PALM DR  
City-St-Zip: APOPKA, FL 32791

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DESMOND M LANGTON

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date