


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90012 010 \*\*\*150.00

<b>DOCUMENT # P05000156614</b>	
1. Entity Name DMMD, INC.	

Principal Place of Business 1492 MARKET CIRCLE UNIT 1-4 PORT CHARLOTTE, FL 33953	Mailing Address 1492 MARKET CIRCLE UNIT 1-4 PORT CHARLOTTE, FL 33953
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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05242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3802885	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ADAMS, MICHELLE M 3295 CABARET STREET PORT CHARLOTTE, FL 33948	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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: <u>Michelle Adams</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>5/29/07</u> <small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, DAVID J 3295 CABARET STREET PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DECINTI, MARCO V 261 SUMMERSET STREET PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR ADAMS, MICHELLE 3295 CABARET STREET PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR DECINTI, DARLENE 261 SUMMERSET STREET PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Michelle Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5/29/07</u> <small>Date</small>	 <small>Daytime Phone #</small>
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ATTACHMENT

40119594

#P05000156614

April 30, 2007

Florida Department of State  
Secretary of State  
Division of Corporations  
PO Box 8800  
Tallahassee, Florida 32314

RE: 2007 Annual Report

FEI #: 20-3802885

To Whom It May Concern:

My accountant, Robert Duncan, called me today to remind me to file the Annual Report for DMMD, Inc. He said that I should have received a notice in the mail? I did not. I am not sure what exactly you are looking for as to the business is only a year old and we have not done any of this before. What I was told to give you is the following information:

Corporation: DMMD, Inc.  
dba / A&E Auto Repair  
1492 Market Circle  
Port Charlotte, FL 33953  
(941) 627-3111

President: Marco V. Decinti  
261 Summerset Drive  
Punta Gorda, FL 33982

V. President: David J. Adams  
3295 Cabaret Street  
Port Charlotte, FL 33948

Secretary: Michelle Adams  
3295 Cabaret Street  
Port Charlotte, FL 33948

Treasurer: Darlene Decinti  
261 Summerset Drive  
Punta Gorda, FL 33982

If you need additional information, I can be reached at (941) 627-3111.

Sincerely,

Michelle Adams

1492 Market Circle, Port Charlotte, Florida 33953