

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064884

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** DIMARTINO, EDLEN, & TOOMEY, INC.

**Current Principal Place of Business:**

2424 SW RED TER  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 881251  
PORT ST LUCIE, FL 34988

**New Mailing Address:**

2424 SW RED TER  
PORT ST LUCIE, FL 34953

**FEI Number:** 27-3200667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIMARTINO, FRANK P  
2424 SW RED TER  
PORT ST LUCIE, FL 34953 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:** CEO  
**Name:** DIMARTINO, FRANK P  
**Address:** 2424 SW RED TER  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** CTO  
**Name:** TOOMEY, MATTHEW C  
**Address:** 2424 SW RED TER  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** CFO  
**Name:** EDLEN, NEIL L  
**Address:** P.O. BOX 1771  
**City-St-Zip:** KAILUA-KONA, HI 96745

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:** MATTHEW TOOMEY

CTO

04/23/2011

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

\_\_\_\_\_  
Date