


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90010 027 \*\*\*150.00

<b>DOCUMENT # P93000064589</b>			
1. Entity Name <b>DISASTER MANAGEMENT, INC.</b>			
Principal Place of Business <b>12321 NW 9TH ST PLANTATION FL 33325 US</b>		Mailing Address <b>12321 NW 9TH ST PLANTATION FL 33325 US</b>	
2. Principal Place of Business <b>1531 SE SUNSHINE AVE</b>		3. Mailing Address <b>1531 SE SUNSHINE AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PORT SAINT LUCIE, FL</b>		City & State <b>PORT SAINT LUCIE, FL</b>	
Zip <b>34952</b>	Country <b>USA</b>	Zip <b>34952</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>JARET, DONALD J 4343 WEST FLAGLER ST #350 MIAMI FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1400 NW 107th AVE</b> <b>SUITE 201</b> City <b>MIAMI</b> FL Zip Code <b>33172</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DOUGLAS M 12321 NW 9TH ST PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP HENDERSON, DOUGLAS M 1531 SE SUNSHINE AVE PORT SAINT LUCIE, FL 34952 <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DOUGLAS M. HENDERSON**

**2/18/04**  
Date

**772.335.9750**  
Daytime Phone #