

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 048 ***158.75

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1. Entity Name

DMP INVESTMENTS, INC.



Principal Place of Business

4411 E HIGHWAY 390
PANAMA CITY FL 32404

Mailing Address

4411 E HIGHWAY 390
PANAMA CITY FL 32404

2. Principal Place of Business - No P.O. Box #

5423 Bertha Nelson Road

Suite, Apt. #, etc.

3. Mailing Address

5423 Bertha Nelson Rd

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32404

Country

USA

City & State

Panama City, FL

Zip

32404

Country

USA

4. FEI Number

59-3232561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

PITTS, WILLIAM D
4411 E HIGHWAY 390
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Maxine E. Pitts
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PITTS, WILLIAM D
STREET ADDRESS 5423 BERTHA NELSON RD.
CITY-ST-ZIP PANAMA CITY FL

TITLE VSD ☐ Delete
NAME PITTS, DOUGLAS M
STREET ADDRESS 3311 BONIFAY CHIPLEY RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE AST ☐ Delete
NAME PITTS, MAXINE E.
STREET ADDRESS 5423 BERTHA NELSON RD.
CITY-ST-ZIP PANAMA CITY FL

TITLE AST ☐ Delete
NAME PITTS, MAUREEN E.
STREET ADDRESS 3311 BONIFAY CHIPLEY RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Maxine E. Pitts MAXINE E. PITTS

4-16-08

850-725-5976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #