# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2009**
**Secretary of State**

DOCUMENT# P93000088215

**Entity Name:** DMP INVESTMENTS, INC.

**Current Principal Place of Business:**

5423 BERTHA NELSON RD
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

5423 BERTHA NELSON RD
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number: 59-3232561** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PITTS, WILLIAM D
Address: 5423 BERTHA NELSON RD.
City-St-Zip: PANAMA CITY, FL

Title: VSD ( ) Delete
Name: PITTS, DOUGLAS M
Address: 3311 BONIFAY CHIPLEY RD
City-St-Zip: BONIFAY, FL 32425

Title: AST ( ) Delete
Name: PITTS, MAXINE E.
Address: 5423 BERTHA NELSON RD.
City-St-Zip: PANAMA CITY, FL

Title: AST ( ) Delete
Name: PITTS, MAUREEN E.
Address: 3311 BONIFAY CHIPLEY RD
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: PITTS, WILLIAM D
Address: 5423 BERTHA NELSON RD.
City-St-Zip: PANAMA CITY, FL 32404 US

Title: VSD (X) Change ( ) Addition
Name: PITTS, DOUGLAS M
Address: 3311 BONIFAY CHIPLEY RD
City-St-Zip: BONIFAY, FL 32425 US

Title: AST (X) Change ( ) Addition
Name: PITTS, MAXINE E.
Address: 5423 BERTHA NELSON RD.
City-St-Zip: PANAMA CITY, FL 32404 US

Title: AST (X) Change ( ) Addition
Name: PITTS, MAUREEN E.
Address: 3311 BONIFAY CHIPLEY RD
City-St-Zip: BONIFAY, FL 32425 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM D. PITTS PRES 02/09/2009

Electronic Signature of Signing Officer or Director — Date