2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

DOCUMENT # P9400010309 1. Entity Name DUM, INC.										
16124 VANDERBILT DRIVE		Mailing Address 16124 VANDERBILT DRIVE ODESSA, FL 33556			.E.H. 612	9401		((84)		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numbe 65-046			_	plied For at Applicable	
Zip	Country	Zip	Count	try		of Status Desired		8.75 Add ee Required		
	~ -6. Name and Address of Current Re	gistered Agent — ———	<u></u>	Name	7. Name and	Address of New F	tegistered A	gent		
CASPER, 16124 VAN ODESSA,	NDERBILT DRIVE	· ·		Street Addres	ss (P.O. Box Numbe	er is Not Acceptable	∍)			
				City			FL	Zip Code	e	
the obligation of the obligati	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		E: Registered	d Agent signature req	sured when renstating) \$5.00 May Be Added to Fees		DATE	g z		
18.	OFFICERS AND DIF	RECTORS	11.	······································	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE: NVME STATET ADDRESS CITY-ST-ZIP	P CASPER, GARY 16124 VANDERBILT DR ODESSA, FL 33556	Delete	-	l l			. " ——	Change	☐ Addition	
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of the cor	certify that the information supplied with thi on this report or supplemental report is true reporation or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report	t as requir	mption stated in ture shall have t red by Chapter	n Section'119.07(3)(the same legal effect 607, Florida Statute	i), Florida Statutes. It as if made under is; and that my nam	I further certi oath; that I ar e appears in	ify that the ir n an officer Block 10 o	nformation or director r Block 11 if	