

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000069852**

1. Entity Name  
D.I.Y. CENTER, INC.



Principal Place of Business

2191 NW 10TH ST.  
OCALA, FL 34475

Mailing Address

2191 NW 10TH ST.  
OCALA, FL 34475

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3270594	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMIC, DANIEL  
2191 N W 10TH STREET  
OCALA, FL., FL 34475

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCCORMIC, JOSEPH B PRES.
STREET ADDRESS	2191 NW 10TH STREET
CITY-ST-ZIP	OCALA, FL 34475

TITLE	D
NAME	MCCORMIC, DANIEL C V.P.
STREET ADDRESS	2191 NW 10TH STREET
CITY-ST-ZIP	OCALA, FL 34475

TITLE	
NAME	
STREET ADDRESS	
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04/02/08-80020-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

352 629 8748

Daytime Phone #