

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000077423**

1. Entity Name  
**DIRECT ACCESS INTERNATIONAL, INC.**



Principal Place of Business  
**210 NEWMAN RD  
LAKE PARK, FL 33403 US**

Mailing Address  
**210 NEWMAN RD  
SUITE 403  
LAKE PARK, FL 33403 US**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0527433**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DIEMER, THOMAS C  
210 NEWMAN RD  
LAKE PARK, FL 33403**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000096347  
03/25/04-80026-008 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	DIEMER, WILLIAM M
STREET ADDRESS	210 NEWMAN RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	P
NAME	DIEMER, THOMAS C
STREET ADDRESS	210 NEWMAN RD.
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	S
NAME	DIEMER, RITA L
STREET ADDRESS	210 NEWMAN RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	T
NAME	DIEMER, FLORENCE B
STREET ADDRESS	210 NEWMAN RD
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	VP
NAME	MITCHELL, FINE
STREET ADDRESS	210 NEWMAN RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	VP
NAME	PAUL, JEAN
STREET ADDRESS	210 NEWMAN RD.
CITY-ST-ZIP	LAKE PARK, FL 33403

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas C Diemer* 3/23/04 561-813-1063