

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000094385

1. Entity Name

DICHRIM INVESTMENT CORPORATION



Principal Place of Business

25 HOMESTEAD RD., N
SUITE 11
LEHIGH ACRES FL 33936
US

Mailing Address

25 HOMESTEAD RD., N
SUITE 11
LEHIGH ACRES FL 33936
US



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0538217**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, JOHN M
8911 DANIELS PKWY STE 6
FORT MYERS FL 33912

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

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DV
STREET ADDRESS HINZ, CHRISTINE
CITY- ST- ZIP ASTERNWEG 4
NATTHEM GE 89564

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000245338
CITY- ST- ZIP 02/28/05-80023-005 150.00

TITLE ☐ Delete
NAME DP
STREET ADDRESS HINZ, DIETER
CITY- ST- ZIP ASTERNWEG 4
NATTHEM GE

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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

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:

Hinz

2/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #