


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 030 ***150.00

DOCUMENT # P96000092748 1. Entity Name DMP SALES, INC.			
Principal Place of Business 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258		Mailing Address 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	
2. Principal Place of Business 11606 Columbia Park Drive East		3. Mailing Address 11606 Columbia Park Drive East	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32258		Zip 32258	
Country USA		Country USA	
4. FEI Number 59-3414148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMENAMY, WILLIAM B 50 NORTH LAURA STREET 2925 BARNETT CENTER JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name John Tucker Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 1300 City Jacksonville FL Zip Code 32202	
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 John Tucker DATE 3-31-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O. <input type="checkbox"/> Delete MCLAUGHLIN, DANIEL 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McLaughlin, Daniel 8335 Freedom Crossing Trail Jacksonville, FL 32256 Apt #3905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Delete AZHAR, ALI 11606 COLUMBIA PARK DRIVE EAST JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Daniel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-1-05 Daytime Phone #	