


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000098720	
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1. Entity Name
DTMS ENTERPRISES, INC.

Principal Place of Business
700 W STATE RD 436 SUITE 106
ALTAMONTE SPRINGS, FL 32714

Mailing Address
700 W STATE RD 436 SUITE 106
ALTAMONTE SPRINGS, FL 32714



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3413659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent**

HERNDON, DONALD A
700 W STATE RD 436 SUITE 106
ALTAMONTE SPRINGS, FL 32714

**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 relinquishing)

U000000940768

05/28/08-800948-017 150.00

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	HERNDON, DONALD A
STREET ADDRESS	8836 BRACKENWOOD DRIVE
CITY-ST-ZIP	ORLANDO, FL 32829

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #