

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90167 019 ***150.00

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| DOCUMENT # P97000035975 | | | |  | |
| 1. Entity Name DHARMA PROPERTIES, INC. | | | | | |
| Principal Place of Business 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 US | | | Mailing Address 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 205 Ranchitos Rd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | Taos Nm | | 4. FEI Number 65-0744744 | |
| Zip | | Country | | Applied For Not Applicable | |
| 87571 | | USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WINTZER, WILLIAM 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 | | | 7. Name and Address of New Registered Agent Name: Sandi Morick Street Address (P.O. Box Number is Not Acceptable): 1105 N. Federal Hwy City: Boynton Beach FL Zip Code: 33435 | | |
| 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: <i>Sandi Morick</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE: 3/20/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | PD <input type="checkbox"/> Delete GOODYEAR, KIMBERLY A 125 LA POSTA RD TAOS, NM 87571 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD <input type="checkbox"/> Delete WORRELL, THOMAS E JR. 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT <input checked="" type="checkbox"/> Delete WINTZER, WILLIAM R 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S <input checked="" type="checkbox"/> Delete BECKER, LAURA 125 LA POSTA RD. TAOS, NM 87571 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Gloria Foellmer 205 Ranchitos Road Taos Nm 87571 <input type="checkbox"/> Change <input checked="" 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 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: <i>Gloria Foellmer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 3-15-07 Daytime Phone #: 505-758-5090 | | |