


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000010573</b>	
1. Entity Name <b>D 'N' ME, INC.</b>	

Principal Place of Business <b>34896 HAWKIOWA RD. DADE CITY, FL 33523</b>	Mailing Address <b>34896 HAWKIOWA RD. DADE CITY, FL 33523</b>
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3491150</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MOORE, DAVID B  
34896 HAWKIOWA RD.  
DADE CITY, FL 33523**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOORE, DAVID B 34896 HAWKIOWA RD. DADE CITY, FL 33523</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOORE, DORIS M 34896 HAWKIOWA RD. DADE CITY, FL 33523</b>
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U000000169532  
08/06/04-80005-003 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** David B. Moore, President August 02, 2004 352 583 3054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #