

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000012774

1. Entity Name
DEMERS DEN INC.



Principal Place of Business
**1026 NEBRASKA AVENUE
PALM HARBOR FL 34683**

Mailing Address
**1026 NEBRASKA AVENUE
PALM HARBOR FL 34683**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3491477** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CLOWES, RICHARD J
2604 HUNT RD
TARPON SPRINGS FL 34688**

7. Name and Address of New Registered Agent
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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	CLOWES, RICHARD J	
STREET ADDRESS	2604 HUNT RD.	
CITY - ST - ZIP	TARPON SPRINGS FL 34688	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MADURA, BETTE-ANN	
STREET ADDRESS	2604 HUNT RD.	
CITY - ST - ZIP	TARPON SPRINGS FL 34688	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLOWES, RICHARD J	
STREET ADDRESS	2604 HUNT RD.	
CITY - ST - ZIP	TARPON SPRINGS FL 34688	
TITLE	T	<input type="checkbox"/> Delete
NAME	MADURA, BETTE-ANN	
STREET ADDRESS	2604 HUNT RD.	
CITY - ST - ZIP	TARPON SPRINGS FL 34688	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000354046
05/03/05-80091-022 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. CLOWES 4/30/05 727-784-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #