


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 041 \*\*\*150.00

<b>DOCUMENT # P98000030618</b>	
--------------------------------	---

1. Entity Name  
DME DESIGN, INC.

Principal Place of Business 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33334	Mailing Address 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33334
---	---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
238 Concha Drive

Suite, Apt. #, etc.  
238 Concha Drive

City & State  
Sebastian, FL

City & State  
Sebastian, FL

Zip  
32958

Country  
USA

Zip  
32958

Country  
USA

03192004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0826626

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ERSKINE, DONAL G  
1510 N.E. 52ND STREET  
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name  
Donal G. Erskine

Street Address (P.O. Box Number is Not Acceptable)  
238 Concha Drive

City  
Sebastian

FL

Zip Code  
32958

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PD ERSKINE, DONAL G 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERSKINE, MARY E 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
--	--	---------------------------------

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erskine, Donal G 238 Concha Drive Sebastian FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA Erskine, Mary 238 Concha Drive Sebastian, FL 32958	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	---

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"/> Change <input type="checkbox"/> Addition
--	--	---

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"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Erskine

3-19-04

Date

Daytime Phone #

772-589-8409