

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063458

FILED
Jan 14, 2005
Secretary of State

Entity Name: DME SHOPPE - FORT MYERS INC.

Current Principal Place of Business:

11990 S. CLEVELAND AVE
FT. MYERS, FL 33907

New Principal Place of Business:

4300 FORD STREET EXTENSION
UNIT 101
FT. MYERS, FL 33916

Current Mailing Address:

11990 S. CLEVELAND AVE
FT. MYERS, FL 33907

New Mailing Address:

4300 FORD STREET EXTENSION
UNIT 101
FT. MYERS, FL 33916

FEI Number: 36-3500976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L ATTORNE
13141 MCGREGOR BLVD
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

SCHUMANN, RAYMOND L ATTORNE
27200 RIVERVIEW CENTER BLVD
SU 103
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE:

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: METHOD, CAROL
Address: 4017 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL METHOD

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date