


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000079007 1. Entity Name DEMIR INVESTMENT GROUP, INC.	
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Principal Place of Business 4321 HEART PINE CIRCLE PENSACOLA, FL 32504 US	Mailing Address 4321 HEART PINE CIRCLE PENSACOLA, FL 32504 US
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DO NOT WRITE IN THIS SPACE



04112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3639905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WHIBBS, VINCENT J JR
421 NORTH PALAFAX STREET
PENSACOLA, FL 32501**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD THURSTON, SEHER D 4321 HEART PINE CIRLE PENSACOLA, FL 32504
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04/15/04-80064-004 158.75

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: Schaffner, Robert **04/11/04** **850 494 2366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #