


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000089340 1. Entity Name DM IMPORTS, INC.		
Principal Place of Business 39 INDIAN BAYOU DRIVE DESTIN, FL 32541	Mailing Address DM IMPORTS, INC. 39 INDIAN BAYOU DRIVE DESTIN, FL 32541	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAUGHT, BRUCE A 501 HWY 98, SUITE G DESTIN, FL 32541		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISSON, DAVE 39 INDIAN BAYOU DRIVE DESTIN, FL 32541	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SISSON, MIMI 39 INDIAN BAYOU DRIVE DESTIN, FL 32541	
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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: <u>DAVID J. SISSON</u> <u>JAN 12, 2005</u> <u>850-376-1543</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3548014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/14/05-80039-023 150.00