## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000034532

Entity Name: DIABETIC SUPPLY SOURCE, INC.

FILED Mar 24, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

17561 STEPPING STONE DRIVE 16730 OAK GROVE COURT FORT MYERS, FL 33912

ALVA, FL 33920

**Current Mailing Address: New Mailing Address:** 

17561 STEPPING STONE DRIVE 16730 OAK GROVE COURT

FORT MYERS, FL 33912 ALVA, FL 33920

FEI Number: 65-0911289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANNING, KIMBERLY A MANNING, KIMBERLY A 17561 STÉPPING STONE DRIVE 16730 OAK GROVE COURT FORT MYERS, FL 33912 ALVA, FL 33920

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: KIMBERLY A MANNING 03/24/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: (X) Change ( ) Addition MANNING, KIMBERLY A MANNING, KIMBERLY A Name: 17561 STEPPING STONE DRIVE 16730 OAK GROVE COURT Address:

ALVA, FL 3320 City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition

MANNING, KOLIN R Name: Name: MANNING, KOLIN R 17561 STEPPING STONE DRIVE Address: 16730 OAK GROVE COURT Address:

FORT MYERS, FL 33912 ALVA, FL 33920 City-St-Zip: 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: KOLIN R MANNING 03/24/2005 D