## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 20, 2004 8:00 am Secretary of State **DOCUMENT # P99000088761** 01-20-2004 90078 038 \*\*\*150.00 DENVIR UNITED CORP. Principal Place of Business Mailing Address 2664 E. FOWLER AVE. 2664 E. FOWLER AVE. TAMPA, FL 33612 TAMPA, FL 33612 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 58-2497199 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bowerman-Ginny=A BOWERMAN, GINNY A MRS. Street Address (P.O. Box Number is Not Acceptable 27211 CORAL SPRINGS DR. WESLEY CHAPEL, FL 33543 Brant Tree Dr. Zip Code 33569 Iverview 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE Oelete TITLE \_\_ Addition Dennis D. Bowerman 12921 Brant Tree Dr. **BOWERMAN, DENNIS D** NAME STREET ADDRESS 27211 CORAL SPRINGS DR. STREET ADDRESS Riverview, FL 33569 CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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. Dennis D. Bowerman 813-975-1829 SIGNATURE:

**FILED**