## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004324

Entity Name: DEMP INC.

## **Current Principal Place of Business:**

7235 BONNEVAL RD JACKSONVILLE SUITE #234 JACKSONVILLE, FL 32256

## **Current Mailing Address:**

7235 BONNEVAL RD JACKSONVILLE SUITE #234 JACKSONVILLE, FL 32256 US

# FEI Number: 47-3908959

## Name and Address of Current Registered Agent:

BARNETT, TAISHA 7235 BONNEVAL RD STE 229 JACKSONVILLE, FL 32256 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	E TAISHA BARNETT			01/11/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	т	
Name	BARNETT, TAISHA	Name	BARNETT, PATRICK	
Address	7235 BONNEVAL RD JACKSONVILLE SUITE #234	Address	7235 BONNEVAL RD JACKSONVILLE SUITE #234	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256	
Title	DS	Title	D	
Name	BEGEMANN-VALDIVIESO, SHANNON J	Name	GOVE, ANGELA	
Address	7235 BONNEVAL RD JACKSONVILLE SUITE #234	Address	7235 BONNEVAL RD JACKSONVILLE SUITE #234	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256	
Title	DIRECTOR			
Name	MCGEE, JEAN			
Address	7235 BONNEVAL RD JACKSONVILLE SUITE #234			
City-State-Zip:	JACKSONVILLE FL 32256			

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: TAISHA BARNETT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

01/11/2021

Date