

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90024 010 ***150.00

DOCUMENT # 104265

1. Entity Name

THE DINSMORE COMPANY



Principal Place of Business

2652 MERWYN RD.
JACKSONVILLE FL 32207

Mailing Address

2652 MERWYN RD.
JACKSONVILLE FL 32207

2. Principal Place of Business

1174 Morningside Place
Suite, Apt. #, etc.

3. Mailing Address

1174 Morningside Place
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

Atlanta, Georgia

Zip
30306

Country
USA

City & State

Atlanta, Georgia

Zip
30306

Country
USA

4. FEI Number

59-0746485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEANGELIS, N J
2652 MERWYN RD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Lisa DeAngelis, Personal Representative

Street Address (P.O. Box Number is Not Acceptable)

c/o Cooke & Mew, PA

1301 Riverplace Blvd

Suite 2254, Riverplace Tower

City

Jacksonville

FL

Zip Code

32207

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

Lisa DeAngelis, Personal Representative

01/30/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	DEANGELIS, N.J.
STREET ADDRESS	2652 MERWYN RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	P/D <input type="checkbox"/> Delete
NAME	Lisa DeAngelis, c/o Cooke & Mew
STREET ADDRESS	1301 Riverplace Blvd, Suite 2254
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lisa DeAngelis* Lisa DeAngelis 01/30/06 (404) 502-4612