

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90033 045 \*\*\*150.00

**DOCUMENT # 521109**

1. Entity Name

**DAYTON ANDREWS SERVICES, INC.**



Principal Place of Business

**2388 GULF TO BAY BOULEVARD  
CLEARWATER, FL 33765**

Mailing Address

**2388 GULF TO BAY BOULEVARD  
CLEARWATER, FL 33765**

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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1723139**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAGENAU, STEVEN E  
1803 LONGVIEW LANE  
TARPON SPRINGS, FL 34689**

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ANDREWS, C TAYLOR
STREET ADDRESS	6161-86TH AVE N.
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	PD
NAME	ANDREWS, DAYTON T.
STREET ADDRESS	440 COUNTRY CLUB ROAD
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	VD
NAME	ANDREWS, ALFRED B
STREET ADDRESS	2225 KENT-PL.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	STD
NAME	HAGENAU, STEVEN E.
STREET ADDRESS	1803 LONGVIEW LANE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Steven E Hagenau* **STEVEN E HAGENAU S/T** 1/5/06

Date

727-799-4539

Daytime Phone #