

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90330 039 ***150.00

DOCUMENT # F21270



1. Entry Name
DYAL SALES COMPANY

Principal Place of Business
**5807 MACY AVE
 JACKSONVILLE, FL 32211**

Mailing Address
**5807 MACY AVE
 JACKSONVILLE, FL 32211**

50010436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006 Chg-P CR2E034 (11/05)

4. FEI Number

59-2081529

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLBROOK, H LEON III ESQ
 2301 INDEPENDENT SQU
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name **Todd Watson, Attorney at Law**

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

7785 Baymeadows Way, Suite 107

City **Jacksonville**

FL

Zip Code **32256**

8. The above named entry 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

[Handwritten Signature]
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

04/06/06
 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 **SD** Delete
 NAME **DYAL, LILLIAN G**
 STREET ADDRESS **12505 TUENBERRY**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **PD** Delete
 NAME **DYAL, MARVIN A**
 STREET ADDRESS **12505 TURNBERRY**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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

[Handwritten Signature] **LILLIAN G. DYAL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06
 Date

904-744-4173
904-991-8609
 Daytime Phone #