

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F34324

1. Entity Name

DOYLE MAINTENANCE COMPANY, INC.



Principal Place of Business
**10505 CAIN CIR
DELRAY BEACH FL 33447
US**

Mailing Address
**PO BOX 4516
BOYNTON BEACH FL 33424
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2140158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOYLE, KEVIN
10505 CAIN CIRCLE
DELRAY BEACH FL 33446**

Name

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

City

FL

Zip Code

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 renewing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOYLE, KEVIN	
STREET ADDRESS	10505 CAIN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOYLE, MICHAEL J.	
STREET ADDRESS	253 SAN RENO BLVD.	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

U00000449315
03/03/08-80049-020 150.00

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: *Kevin Doyle* **KEVIN DOYLE** **PRESIDENT** **2/24/06** **561-495-0566**