


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90323 020 ***150.00

DOCUMENT # F86991 1. Entity Name DIESEL INJECTION SERVICE OF MARTIN COUNTY, INC.					
Principal Place of Business 2988 SE MONROE ST. STUART, FL 34997			Mailing Address 2988 SE MONROE ST. STUART, FL 34997		
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 59-2196135	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRANKE, ALFRED H. 2988 S.E. MONROE ST. STUART, FL 33497				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKE, ALFRED		NAME		
STREET ADDRESS	2988 S.E. MONROE ST.		STREET ADDRESS		
CITY-ST-ZIP	STUART FL,		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKE, LUCILLE		NAME	FRANKE LUCILLE	
STREET ADDRESS	2988 S.E. MONROE ST.		STREET ADDRESS	2988 SE MONROE ST.	
CITY-ST-ZIP	STUART FL,		CITY-ST-ZIP	STUART, FL.	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, JOHN		NAME		
STREET ADDRESS	2988 S.E. MONROE ST.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVANNY, JOHN		NAME		
STREET ADDRESS	2988 S.E. MONROE ST.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RADICH, RONALD		NAME		
STREET ADDRESS	2988 S.E. MONROE ST.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	ON SEPERATE PAPER		STREET ADDRESS		
CITY-ST-ZIP			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: <u>Lucille Franke, V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/6/06 772-283-8999 <small>Date Daytime Phone #</small>		

ATTACHMENT

ST0010157
#F86991

Additions

MICHELLE RADICH
2988 S.E. MONROE ST.
STUART, F.

CHANGE - NEW
SECRETARY

PATRICIA SNYDER
2988 S.E. MONROE ST.
STUART, FL.

CHANGE - NEW
TREASURER