

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90004 016 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-2196135**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FRANKE, ALFRED H.  
2988 S.E. MONROE ST.  
STUART, FL 33497**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FRANKE, ALFRED  
STREET ADDRESS 2988 S.E. MONROE ST.  
CITY-ST-ZIP STUART, FL 34997

TITLE VP  
NAME LUCILLE, FRANUE  
STREET ADDRESS 2988 SE MONROE ST  
CITY-ST-ZIP STUART, FL 34997

TITLE P  
NAME SNYDER, JOHN  
STREET ADDRESS 2988 S.E. MONROE ST.  
CITY-ST-ZIP STUART, FL 34997

TITLE VP  
NAME DEVANNY, JOHN  
STREET ADDRESS 2988 S.E. MONROE ST.  
CITY-ST-ZIP STUART, FL 34997

TITLE VP  
NAME RADICH, RONALD  
STREET ADDRESS 2988 S.E. MONROE ST.  
CITY-ST-ZIP STUART, FL 34997

TITLE S  
NAME RADICH, MICHELLE  
STREET ADDRESS 2988 SE MONROE ST  
CITY-ST-ZIP STUART, FL 34997

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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:

*Michelle Radich* **Michelle RADICH** 2-20-07 772-283-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #