# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # F86991

1. Entity Name
DIESEL INJECTION SERVICE OF MARTIN COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2988 SE MONROE ST.<br>STUART, FL 34997 | 2988 SE MONROE ST.<br>STUART, FL 34997 |

DO NOT WRITE IN THIS SPACE

01082008 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, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000827429
02/21/08-80091-001 150.00

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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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 2/11/08 772-283-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #