

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-05-2006 90169 043 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H74560		
1. Entity Name ROY'S DIESEL INJECTION SERVICE, INC.		
Principal Place of Business 4020 LENOX AVE JACKSONVILLE, FL 32205		Mailing Address 4020 LENOX AVE JACKSONVILLE, FL 32205
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VALLADARES, ROGELIO 4020 LENOX AVE JACKSONVILLE, FL 32205		66020006  04282006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2577423 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable DATE Signature, typed or printed name of officer or director DATE		
FILE NUMBER FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Text Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
11A NAME STREET ADDRESS CITY, ST, ZIP	PD VALLADARES, ROGELIO R. 4881 ORTEGA ISLAND DR N. JACKSONVILLE, FL 32210	
11B NAME STREET ADDRESS CITY, ST, ZIP		
11C NAME STREET ADDRESS CITY, ST, ZIP		
11D NAME STREET ADDRESS CITY, ST, ZIP		
11E NAME STREET ADDRESS CITY, ST, ZIP		
11F NAME STREET ADDRESS CITY, ST, ZIP		
11G NAME STREET ADDRESS CITY, ST, ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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 member or trustee designated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block III or Block II if changed, or on an attachment with an address, with all other filers empowered.		
SIGNATURE: _____ Signature and typed or printed name of officer or director DATE Signature Page 2		