

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90063 009 ***150.00

DOCUMENT # J25236

1. Entity Name
DUNKLE'S FUEL SERVICE, INC.



Principal Place of Business
**8220 LEO KIDD AVENUE
PORT RICHEY, FL 34668**

Mailing Address
**8220 LEO KIDD AVENUE
PORT RICHEY, FL 34668**

50014642



02102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2692038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRABRANTS, E.L., JR.
6709 RIDGE RD.
SUITE 106
PORT RICHEY, FL 33568**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DASHER, CECIL GREGGE	
STREET ADDRESS	911 RIVERSIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DASHER, GAIL	
STREET ADDRESS	911 RIVERSIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DASHER, GILBERT	
STREET ADDRESS	3175 ALT. 19. N.	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DASHER, HELEN	
STREET ADDRESS	3175 ALT. 19. N.	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLE, LEGARE R., JR.	
STREET ADDRESS	361 W. WINDS DR.	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLE, BEVERLY D.	
STREET ADDRESS	361 W. WINDS DR.	
CITY-ST-ZIP	PALM HARBOR, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cecil Gregge Dasher Dec 2 / 11/05

727 845-4112