


2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jan 17, 2006 08:00-AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2692038	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARRABRANTS, E.L., JR. 6709 RIDGE RD. SUITE 106 PORT RICHEY, FL 33568

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  Cecil Gregge Dasher Pres. 11/21/06	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DASHER, CECIL GREGGE 911 RIVERSIDE DR. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASHER, GAIL 911 RIVERSIDE DR. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASHER, GILBERT 3175 ALT. 19. N. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLE, LEGARE R., JR. 361 W. WINDS DR. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLE, BEVERLY D. 361 W. WINDS DR. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/06-80037-013 150.00

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:  Cecil Gregge 11/21/06 727-845-4162	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone #
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