

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J51897

1. Entity Name
DALE, BALD, SHOWALTER & MERCIER, P.A.



Principal Place of Business

**DALE, BALD, SHOWALTER & MERCIER, PA
200 W. FORSYTH ST, STE 1100
JACKSONVILLE, FL 32202 US**

Mailing Address

**DALE, BALD, SHOWALTER & MERCIER, PA
200 W. FORSYTH ST, STE 1100
JACKSONVILLE, FL 32202-4308 US**

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2756350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DALE, HOWARD L.
200 W. FORSYTH ST., STE. 1100
JACKSONVILLE, FL 32202-4308**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DALE, HOWARD L.
1117 PALMER TERRACE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BALD, WILLIAM A.
1157 JAMAICA ROAD WEST
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAS
SHOWALTER, RUSSELL H JR
32 SARAGOSSA ST
ST AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CANDETO, MICHAEL A
10135 GATE PARKWAY N #1512
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MERCIER, LEE F.
1956 LARGO PLACE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SAIEG, JULIE A
1410 MONTICELLO ROAD
JACKSONVILLE, FL 32207**

U00000384727
01/17/06-80027-007 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard L. Dale, President

Jan 9, 2006

*904
355-1155*

DATE

Daytime Phone #