

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90193 038 ***150.00

DOCUMENT # L28203

1. Entity Name
DANDEE COFFEE SERVICE, INC.



Principal Place of Business

**381 SANTA ROSA BLVD
W714
FT WALTON BEACH, FL 32548 US**

Mailing Address

**381 SANTA ROSA BLVD
W714
FT WALTON BEACH, FL 32548 US**

50001675



02112006 No.Chg:P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2983498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARP, GARY K
225 FLIVA AVENUE
FORT WALTON BEACH, FL 32548**

*Paul L. HARP
381 Santa Rosa Blvd
APT. W714
FT. Walton Beach, FL
32548*

**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 *Paul L. HARP* **PAUL L. HARP, CEO, DIR** **2/19/06**
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 **D**
NAME **HARP, GARY K**
STREET ADDRESS **225 FLIVA AVENUE N.W.**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D**
NAME **HARP, PAUL L**
STREET ADDRESS **381 SANTA ROSA BLVD. APT W714**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

TITLE
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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: *Paul L. HARP* **PAUL L. HARP, CEO, DIR** **2/19/06** **(850) 543-3324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #