

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90026 015 ***150.00

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DOCUMENT # P00000000835 1. Entity Name DOLPHIN FIRE PROTECTION, INC.			
Principal Place of Business 1902 DEBARRY AVENUE ORANGE PARK, FL 32073		Mailing Address 1902 DEBARRY AVENUE ORANGE PARK, FL 32073	
2. Principal Place of Business 49 Swimming Pen Dr. Suite, Apt. #, etc.		3. Mailing Address 49 Swimming Pen Dr. Suite, Apt. #, etc.	
City & State Middleburg, FL Zip 32068		City & State Middleburg, FL Zip 32068	
4. FEI Number 59-3624146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, GARRETT E 1814 HOLLY FLOWER LANE ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name Miller, Garrett Street Address (P.O. Box Number is Not Acceptable) 49 Swimming Pen Dr. City Middleburg FL Zip Code 32068	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MILLER, GARRETT E STREET ADDRESS 1814 HOLLY FLOWER LANE CITY-ST-ZIP ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	TITLE P NAME Miller, Garrett STREET ADDRESS 49 Swimming Pen Dr. CITY-ST-ZIP Middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MILLER, KATHY STREET ADDRESS 1814 HOLLY FLOWER CITY-ST-ZIP ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	TITLE S, T NAME Miller, Kathy STREET ADDRESS 49 Swimming Pen Dr. CITY-ST-ZIP Middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Garrett E. Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	