

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000010381

1. Entity Name

DINAH'S ENTERPRISES, INC.



Principal Place of Business -

GNC AT LUCIE WEST
1357 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986

Mailing Address

1357 NW ST LUCIE WEST BLVD
PORT ST LUCIE FL 34986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

City & State

4. FEI Number 65-0993822

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, DINAH
1357-B NW ST LUCIE WEST BLVD
PORT SAINT LUCIE FL 34986

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME WALKER, VAN R
STREET ADDRESS 1357-B NW ST LUCIE WEST BLVD
CITY- ST- ZIP PORT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
U000000575663
08/30/06-80003-018 550.00

TITLE P
NAME WALKER, DINAH H
STREET ADDRESS 1357-B NW ST LUCIE WEST BLVD
CITY- ST- ZIP PORT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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:

Dinah H. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/06 772-340-7075
Auto Daytime Phone #