

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 031 ***150.00

DOCUMENT # P01000033630					
1. Entity Name GARY DUBENDORFER, INC.					
Principal Place of Business 1460 GULF BLVD 703 CLEARWATER, FL 33767-2847			Mailing Address 1460 GULF BLVD 703 CLEARWATER, FL 33767-2847		
2. Principal Place of Business 2994 BONAVENTURE CIRCLE Suite, Apt. #, etc. 102		3. Mailing Address 2994 BONAVENTURE CIRCLE Suite, Apt. #, etc. 102			
City & State PALM HARBOR FL		City & State PALM HARBOR FL		4. FEI Number 59-3710440	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIMARCO, ROBERT F 3444 EAST LAKE RD, SUITE 412 PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBENDORFER, GARY 3011 COUNTRYWOODS LANE PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DUBENDORFER, GARY 2994 BONAVENTURE CIRCLE, #102 PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBENDORFER, GARY 1460 GULF BLVD # 703 CLEARWATER, FL 337672847		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	
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: <i>GARY DUBENDORFER</i> GARY DUBENDORFER, D 3/7/06 427-743-1431					