

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 035 ***150.00

DOCUMENT # P02000048227					
1. Entity Name DOLPHIN CONTRACTING, INC.					
Principal Place of Business 911 DOLPHIN DRIVE CAPE CORAL, FL 33904			Mailing Address 911 DOLPHIN DRIVE CAPE CORAL, FL 33904		
2. Principal Place of Business 8599 South US Highway		3. Mailing Address 1 1428 Viking Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St. Lucie, FL		City & State Cape Coral, FL		4. FEI Number 02-0604026	
Zip 34952 Country		Zip 33904 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORDERS, DANIEL 911 DOLPHIN DRIVE CAPE CORAL, FL 33904			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 <u>Daniel Borders</u> <u>DANIEL BORDERS</u> <u>2-28-06</u> <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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC <input checked="" type="checkbox"/> Delete RICE, MELISSA 911 DOLPHIN DRIVE CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES <input type="checkbox"/> Delete BORDERS, DANIEL C 911 DOLPHIN DRIVE 1428 Viking Ct. CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott Kozy 8599 South US Hwy 1 Port St. Lucie, FL 34952				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Hogan 8599 South US Hwy 1 Port St. Lucie, FL 34952				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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>Daniel Borders</u> <u>DANIEL BORDERS</u> <u>2-28-06</u> <u>(239) 340-9242</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					