

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-10-2004 90014 028 ***150.00

DOCUMENT # P02000105616

1. Entity Name

DALE A. SPAIN, P.A.



Principal Place of Business

11 BELLEAIRE DRIVE
PALM COAST FL 32137

Mailing Address

11 BELLEAIRE DRIVE
PALM COAST FL 32137

2. Principal Place of Business

52 Margaret Rd.

Suite, Apt. #, etc.

3. Mailing Address

52 Margaret Rd.

Suite, Apt. #, etc.

City & State

Ormond Bch. Florida

City & State

Ormond Bch. Florida

Zip

32176

Country

Volusia

Zip

32176

Country

Volusia



MOORE

CR2E034 (11/03)

4. FEI Number

06-1651466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SPAIN, DALE A
4 ESSEX PLACE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name

Dale A. Spain

Street Address (P.O. Box Number is Not Acceptable)

52 Margaret Rd

City

Ormond Bch.

FL

Zip Code

32176

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

Dale A. Spain

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PALM COAST FL 32137

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Dale A. Spain
52 Margaret Rd
Ormond Bch. Fl. 32176

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

Dale A. Spain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 (386)503-6371

Date

Daytime Phone