

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-23-2004 90012 021 ***150.00

DOCUMENT # P03000069922

1. Entity Name

DALE CROY CONSULTANTS, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 957
TALLAHASSEE FL 32302

POST OFFICE BOX 957
TALLAHASSEE FL 32302

2. Principal Place of Business

P.O. Box 45

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

City & State

FL

Zip

32435

Country

WALTON

Zip

32435

Country

FL

4. FEI Number

86-1069285

Applied For

Not Applicable

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

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 8, 2004

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	PD	<input type="checkbox"/> Delete
NAME	CROY, DALE E	
STREET ADDRESS	POST OFFICE BOX 957	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CORBETT CROY, LINDA	
STREET ADDRESS	POST OFFICE BOX 957	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 45	
STREET ADDRESS	DeFuniak Springs, FL	
CITY-ST-ZIP	32435	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 45	
STREET ADDRESS	DeFuniak Springs, FL	
CITY-ST-ZIP	32435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE:

Dale E. Croy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-04

850/951-0220

Date

Daytime Phone #

Attachment
Doc. # 03000069922
54069280

August 20, 2004

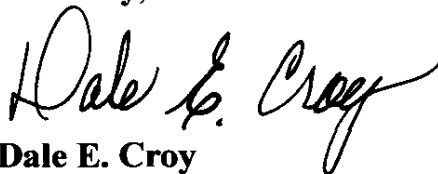
Florida Department of State
Division of Corporations
Annual Report Section
Post Office Box 6850
Tallahassee, FL 32314

Dear Sir:

Please be advised that I did not receive prior notice regarding the 2004 Annual Report and respectfully request that the \$400 late fee be waived.

Thank you very much for your assistance.

Sincerely,



Dale E. Croy
Dale Croy Consultants, Inc.

Enclosure: Check #1022 for \$150.00