## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCU	<b>JENT</b>	# [	2030	0007	'6631
	V I 🗀 I W I	77 1	~~~	0001	

1. Entity Name

DEES DIESEL SERVICE, INC



Principal Place of Business

pal Place of Business Ma

RT 25, BOX 1277 LAKE CITY,, FL 32055 Mailing Address 378 NW WALDO ST LAKE CITY,, FL 32055



03042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0089498

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETTIE DAVIS, INC 846 S.W. MAIN BLVD LAKE CITY, FL 32025

## DO NOT WRITE IN THIS SPACE

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 reinstaling)	DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be Added to Fees 100000697755  After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution 04/18/07-80053-010 150.00						
10.	, OFFICERS AND DIRECTORS					
TILE	P		· · · · · · · · · · · · · · · · · · ·			
NAME	DEES, JIMMIE					
STREET ADDRESS	378 NW WALDO ST					
CITY-ST-ZIP	LAKE CITY, FL 32055					
TITLE	SEC					
NAME	DEES, FREDDIE					
STREET ADDRESS	378 NW WALDO ST.					
CITY-ST-ZIP	LAKE CITY, FL 32055	•				
TITLE						
NAME			i			
STREET ADDRESS		DO NOT WD	ITE			
CITY+ST-ZIP		DO NOT WR	.! ! 도			
TITLE		IN THIS SPA	CF			
NAME			.OL			
STREET ADDRESS						
CITY-ST-ZIP			į			
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						

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.

CICMATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Traslelie Dans

Freddie Dees

4-5-07 3

386-755-43:

ite

Daytime Phone #