

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 044 ***150.00

DOCUMENT # P03000080492

1. Entity Name

DALE STARR SERVICES, INC.



Principal Place of Business
636 E 21ST ST
JACKSONVILLE FL 32206

Mailing Address
636 E 21ST ST
JACKSONVILLE FL 32206



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number 81-0625949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARR, DALE
636 E 21ST ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

DEAN H. TREIBLE, MBA

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

2404 12092nd Rd

City

JACKSONVILLE

FL

Zip Code

32211

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

8/11/06

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

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

TITLE P
NAME STARR, DALE ☐ Delete
STREET ADDRESS 636 E 21ST ST
CITY - ST - ZIP JACKSONVILLE FL 32206

TITLE V
NAME STARR, CHRISTINE B ☐ Delete
STREET ADDRESS 636 E 21ST ST
CITY - ST - ZIP JACKSONVILLE FL 32206

TITLE TS
NAME CLARK, JOY ☐ Delete
STREET ADDRESS 9144 MORNINGTON DR
CITY - ST - ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/06

Date

Daytime Phone #