2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000156450

1. Entity Name

DOLPHIN 2560 ASSOCIATES, INC.



Principal Place of Business

Mailing Address

600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

FILED Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90091 033 ***150.00

22607007



02022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1991341

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

DAYTONA BEACH, FL 32118			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	d Agent signature	e required when reinstating)	DATÉ
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, JOSEPHS G 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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 trystee empoyered 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 at other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #