

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 034 ***150.00

DOCUMENT # P05000013781

1. Entity Name
DOLPHIN JAYMAR, INC.



Principal Place of Business
12377 S. CLEVELAND AVE.
FORT MYERS, FL 33907

Mailing Address
C/O ROBERT D. ROYSTON, JR., ESQ.
P.O. DRAWER 60205
FORT MYERS, FL 33906

60035617



2. Principal Place of Business - No P.O. Box #

Ch John M. Wicker

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Drawer 60205

City & State

City & State

Fort Myers FL

Zip

Country

Zip

Country

33906

USA

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number

22-3905440

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

ROYSTON, ROBERT D JR.
COSTELLO & ROYSTON
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907

Name

Street Address

City

JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907

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 \$150.00
After May 1, 2008 Fee will be \$550.00

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
DST
PLASTINO, MICHELE C
8737 CHATHAM ST.
FORT MYERS, FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
PLASTINO, JAMES F
6681 KESTREL CIRCLE
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
PLASTINO, MARY M
6681 KESTREL CIRCLE
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
5517 Sunrise Dr.
FORT MYERS, FL 33919 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
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CITY- ST- ZIP
☐ 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 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:

Michele Plastino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Disclose Photo #