

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-12-2006 90003 011 ***150.00

DOCUMENT # P05000110935

1. Entity Name
DAVID FUIT, INC.



Principal Place of Business
**855 PINE FOREST TRAIL WEST
PORT ORANGE, FL 32127 US**

Mailing Address
**855 PINE FOREST TRAIL WEST
PORT ORANGE, FL 32127 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-3289403

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FUIT, PAMELA M
855 PINE FOREST TRAIL WEST
PORT ORANGE, FL 32127**

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 \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FUIT, DAVID M**
STREET ADDRESS **855 PINE FOREST TRAIL WEST**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **VP** ☐ Delete
NAME **FUIT, JOHN M SR.**
STREET ADDRESS **855 PINE FOREST TRAIL WEST**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **SEC** ☐ Delete
NAME **FUIT, PAMELA M**
STREET ADDRESS **855 PINE FOREST TRAIL WEST**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

6-9-06

Date

386/760-3865

Daytime Phone