

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 020 ***150.00

DOCUMENT # PD5000140685

1. Entity Name

Dampier's Custom Services, Inc.



DO NOT WRITE IN THIS SPACE

40045407

2. Principal Place of Business
24404 77th Road
Suite, Apt. #, etc.

3. Mailing Address
24404 77th Road
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State
O'Brien Florida
Zip
32071
Country
United States

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Zip
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Country
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4. FEI Number
22-3917042

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Daren K. Dampier
Street Address (P.O. Box Number is Not Acceptable)

24404 77th Road
City
O'Brien FL Zip Code
32071

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 Stephanie H. Dampier v. president Daren K. Dampier president 4/3/06
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

Make Check Payable to Florida Department of State

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
President
Daren K. Dampier
24404 77th Rd
O'Brien Florida 32071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice president / Bookkeeper
Stephanie H. Dampier
24404 77th Road
O'Brien, Florida 32071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other line empowered.

SIGNATURE: Stephanie H. Dampier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 386-935-6363
Date Daytime Phone #