## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 11, 2008 08:00 AM **DOCUMENT # P06000011104 Secretary of State** 1. Entity Name DOLPHIN BEACH SERVICE, INC. Principal Place of Business Mailing Address 9001 HWY 98 WEST . 3081 BELLE MEADE DR. DESTIN, FL 32550 APT. B PENSACOLA, FL 32503 02082008 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1948371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CLARK, STEVEN C DO NOT WRITE 3081 BELLE MEADE DR. APT. B IN THIS SPACE PENSACOLA, FL 32503 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 rematating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CLARK, STEVEN C NAME STREET ADDRESS 3081 BELLE MEADE DR. APT. B PENSACOLA, FL 32503 CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP