

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000038613

1. Entity Name  
DAVID F. DUMONT AND ROSALYN DUMONT, INC.



Principal Place of Business  
7102 MORNING DOVE CIR  
LAKELAND, FL 33809 US

Mailing Address  
7102 MORNING DOVE CIR  
LAKELAND, FL 33809 US



05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3250768

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DUMONT, DAVID F  
7102 MORNING DOVE CIR  
LAKELAND, FL 33809

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000562608  
05/19/06-80062-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DUMONT, DAVID F  
STREET ADDRESS 7102 MORNING DOVE CIR  
CITY-ST-ZIP LAKELAND, FL

TITLE D  
NAME DUMONT, ROSALYN  
STREET ADDRESS 7102 MORNING DOVE CIR  
CITY-ST-ZIP LAKELAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Rosalyn Dumont Rosalyn Dumont 4-29-06 863-ASE-5517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #