

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000071407 1. Entity Name DAIGLE INDUSTRIES, INC.																																																					
Principal Place of Business 504 MAPLE AVE. FORT PIERCE FL 34982 US			Mailing Address 504 MAPLE AVE. FORT PIERCE FL 34982 US																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																		
City & State			City & State																																																		
Zip		Country		4. FEI Number 65-0612577																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent DAIGLE, DAVID P 2720 TALL PINE STREET FORT PIERCE FL 34945				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																	
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 _____ DATE _____ Signature: typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D DAIGLE, CAROL A 2720 TALL PINE STREET FORT PIERCE FL 34945</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">U00000421376 02/16/06-80034-001 150.00</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, DAVID P 2720 TALL PINE STREET FORT PIERCE FL 34945</td> <td style="text-align: right;">☐ Delete</td> <td>NAME</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">☐ Delete</td> <td></td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">☐ Delete</td> <td></td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">☐ Delete</td> <td></td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D DAIGLE, CAROL A 2720 TALL PINE STREET FORT PIERCE FL 34945	☐ Delete	TITLE	U00000421376 02/16/06-80034-001 150.00	☐ Change ☐ Add	NAME	DAIGLE, DAVID P 2720 TALL PINE STREET FORT PIERCE FL 34945	☐ Delete	NAME		☐ Change ☐ Add	STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Add	CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		☐ Change ☐ Add			☐ Delete			☐ Change ☐ Add			☐ Delete			☐ Change ☐ Add			☐ Delete			☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: David P. Daigle **David P. Daigle** **1-30-06** **(772) 468 5449**