

FILED

Apr 06, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000005983

1. Entity Name
RANDAL C. DUNKLE, P.A.Principal Place of Business
3942 NORTH TAMiami TRAIL
SARASOTA, FL 34230Mailing Address
3942 NORTH TAMiami TRAIL
SARASOTA, FL 34230

03302006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
85-0729377Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

PADEREWSKI, ALEXANDER G ESQ
1834 MAIN STREET
SARASOTA, FL 34238**DO NOT WRITE
IN THIS SPACE**

9. 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 except the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

NOTE: Registered Agent signature required when reappointing

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2006 Fee will be \$550.008. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesU00000494054
04/20/06-80030-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUNKLE, RANDAL C
3942 NORTH TAMiami TRAIL
SARASOTA, FL 34230TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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: *Jean M. Pizzanchella* / JEAN M. PIZZANCHELLA

4/4/06

SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR

Date

Daytime Phone #