

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90011 009 ***150.00

DOCUMENT # P97000006669

1. Entity Name
DABO FIRE INSPECTION AND SERVICE, INC.



Principal Place of Business
**1645 22ND STREET NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**1645 22ND STREET NORTH
ST. PETERSBURG, FL 33713**

4000000000



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3432337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARGA, DAVID
1645 22ND STREET NORTH
ST. PETERSBURG, FL 33713**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	VARGA, DAVID
STREET ADDRESS	1645 22ND STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	D
NAME	SALVANT, DARGIE
STREET ADDRESS	1645 22ND STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	P
NAME	VARGA, PAUL
STREET ADDRESS	1645 22ND STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Remove

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/4/08

Date

727-327-3244

Daytime Phone #