2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000035349

1. Entity Name
DAVE'S CHEVRON, INC.

Principal Place of Business	Mailing Address
198 N. U.S. HIGHWAY 27 CLERMONT, FL 34711	198 N. U.S. HIGHWAY 27 CLERMONT, FL 34711

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3571326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMER, DAVID L
198 N. U.S. HIGHWAY 27
CLERMONT, FL 34711

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	KRAMER, DAVID L
STREET ADDRESS	1755 VIRGINIA DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	P
NAME	KRAMER, CAROLE J
STREET ADDRESS	1747 VIRGINIA DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	KRAMER, BRENT D
STREET ADDRESS	18 THE CRESCENT, RT. 4 BOX 14
CITY ST ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000427935
02/21/06-80028-001 150.00

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: David L Kramer 2-7-06 352 394 3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #