

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000108443

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** DOLPHIN SYSTEMS & SUPPLY, INC.

**Current Principal Place of Business:**

450 VAN PELT LANE  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

450 VAN PELT LANE  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 59-3615863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATRONI, CLYDE J  
5 SABINE DRIVE  
PENSACOLA BEACH, FL 32561 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PATRONI, CLYDE J SR  
Address: 5 SABINE DR  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: P  
Name: VAN ALSTINE, TIMOTHY  
Address: 16 PRESERVE COURT  
City-St-Zip: GULF SHORES, AL 36542

Title: P  
Name: MOORE, DONALD  
Address: P O BOX 10038  
City-St-Zip: PENSACOLA, FL 32524

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLYDE J. PATRONI

P

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date