

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90033 034 \*\*\*150.00



**DOCUMENT # K03529**  
 1. Entity Name  
**DOTTIE NASH ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
~~1180 GULF BLVD~~ 1180 GULF BLVD  
~~#804~~ #804  
 CLEARWATER FL 33767 CLEARWATER FL 33767  
 US US



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**1170 GULF Blvd** **1170 GULF Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 1006** **# 1006**

City & State City & State  
**CLEARWATER Florida** **CLEARWATER, FL.**  
 Zip Country Zip Country  
**33767 U.S.** **33767 U.S.**

4. FEI Number **59-2857692** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NASH, DOROTHY J**  
~~1180 GULF BLVD~~ **1170 GULF Blvd.**  
~~#804~~ **# 1006**  
**CLEARWATER FL 33767** **CLEARWATER, FL.**  
**33767**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 Dorothy J. Nash **DOROTHY J. NASH** **PRESIDENT** **1-27-04**  
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, 2004 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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NASH, DOROTHY J	
STREET ADDRESS	1180 GULF BLVD APT 804	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY J. NASH	
STREET ADDRESS	1170 GULF BLVD. APT. 1006	
CITY-ST-ZIP	CLEARWATER, FL. 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorothy J. Nash **DOROTHY J. NASH** **PRES.** **1-27-04** **727-443-0032**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #