2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K03529 1. Entity Name DOTTIE NASH ENTERPRISES, INC.				Jan 29, 2005 08:00 AM Secretary of State					
Principal Plac	ce of Business	Mailing Address	<u> </u>	<u> </u>	_				
1170 GULF BLVD		1170 GULF BLVD			}				
# 1006 CLEARWATER FL 33767		# 1006 CLEARWATER FL 33767							
US		ÚS	33,0,				TIDIO 1887 SIDII DIDII	3) 2 3 6 2 3 11	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.			- 	1 st MOORE CR2E034 (10/04)			
					1s				
City & Stat	te	City & State			4. FEI Numb	^{er} 59-28576	92		oplied For ot Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate	e of Status Desired	: 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered	<u> </u>	
		<u> </u>		Name		_			_
NASH, DOROTHY J 1170 GULF BLVD #1006			ĺ	Street Addres	s (P.O. Box Numb	,	ible)		
	EARWATER FL 33767		•						
				City			FL	Zip Coo	ie
8. The above	e named entity submits this statement for	or the purpose of changing	its registere	ed office or régis	stered agent, or ho	oth, in the State of			and accept
SIGNATURE	tions of registered agent. Sgnature, typed or printed name of registered agent	and tille if applicable	NOTE Registere	d Agent signature requ	ured when reinstating)		DATE		
SIGNATURE F After		0	NOTE Registerer	d Agent signature requ		9. Election Car Trust Fund C	npaign Financ Contribution.	☐ Add	ed to Fees
SIGNATURE F After Make Check 10.	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND	D State	11.				npaign Financ Contribution.		ed to Fees
SIGNATURE F After Make Checi 10.	Synature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND	of State	11. TITLE	£		Trust Fund C	npaign Financ Contribution.	☐ Add	ed to Fees
SIGNATURE F After Make Check 10.	Synature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J	D State	11. TITLE NAM	£		Trust Fund C	npaign Financ Contribution.	DIRECTOR Change	ed to Fees S IN 11
SIGNATURE F After Make Checi 10. IIILE NAME	Synature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND	D State	TILE NAM STRE	£		Trust Fund C	npaign Financ Contribution.	DIRECTOR Change	ed to Fees S IN 11
SIGNATURE F After Make Checi 10. IIILE NAME SIREEI ADDRESS	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D State	TILE NAM STRE	E ME LEET AODRESS -ST-ZIP		Trust Fund C	npaign Financ Contribution.	DIRECTOR	ed to Fees SIN 11
SIGNATURE After Make Checi 10. TILE NAME STREET ADDRESS CITY-ST-ZIP UTLE NAME	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	DIRECTORS Delete	TILE NAM STRE CITY THEE	E ILLET AODRESSST-ZIP E		Trust Fund C	npaign Financ Contribution.	DIRECTOR Change	ed to Fees SIN 11
SIGNATURE After Make Checi 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP UILE NAME STREET ADDRESS	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	DIRECTORS Delete	11. THE NAME STATE CITY THE NAME STATE NAME STATE	E ILET AODRESS '-ST-ZIP E IF IET ADDRESS		Trust Fund C	npaign Financ Contribution.	DIRECTOR Change	ed to Fees SIN 11
SIGNATURE After Make Check 10. WILE NAME STREET ADDRESS CITY-ST-ZIP UILE NAME STREET ADDRESS CITY-ST-ZIP	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D IRECTORS Delete	11. TITLE NAM STRE CITY TITLE NAM STRE CITY	E METAODRESS '-ST-ZIP E E IADDRESS -ST-ZIP		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change 20 150	ed to Fees S IN 11 Addition Addition
SIGNATURE After Make Checi 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP UILE NAME STREET ADDRESS	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	DIRECTORS Delete	11. THE NAME STATE CITY THE NAME STATE NAME STATE	E AL LET AODRESS '-ST-ZIP E IF EEI ADDRESS -ST-ZIP E		Trust Fund C	npaign Financ Contribution.	DIRECTOR Change	ed to Fees S IN 11 Addition Addition
SIGNATURE After Make Checi 10. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D IRECTORS Delete	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TUTLE NAMI STRE	E AL LET ADDRESS '-ST-ZIP E LET ADDRESS -ST-ZIP E LET ADDRESS		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change 20 150	ed to Fees S IN 11 Addition Addition
SIGNATURE After Make Check 10. TIVLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D DIRECTORS Delete Delete	11. THE NAME STREE CITY THE NAME STREE CITY THE NAME STREE CITY THE NAME STREE NAME STREE CITY	E ME LET AODRESSST-ZIP E E LET ADDRESSST-ZIP E E LET ADDRESSST-ZIP E SET ADDRESS -		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees S IN 11 Addition Addition
SIGNATURE After Make Check 10. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D IRECTORS Delete	11. THE NAME STREE CITY THE NAME STREE CITY THE NAME STREE CITY THE NAME STREE CITY	E ME LET ADDRESS (-ST-ZIP) E IF LET ADDRESS (-ST-ZIP) E LET ADDRESS (-ST-ZIP) E LET ADDRESS (-ST-ZIP) E		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change 20 150	ed to Fees S IN 11 Addition Addition
SIGNATURE After Make Check 10. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D DIRECTORS Delete Delete	TILE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE CITY	E ME LET AODRESSST-ZIP E E LET AODRESSST-ZIP E LET		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees S IN 11 Addition Addition
SIGNATURE After Make Check 10. THLE NAME STREET ADDRESS CITY ST ZIP THLE NAME STREET ADDRESS CITY ST ZIP THLE NAME STREET ADDRESS CITY ST ZIP THLE THLE	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D DIRECTORS Delete Delete	TILE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE	E ME LET ADDRESS (-ST-ZIP) E IF LET ADDRESS (-ST-ZIP) E LET ADDRESS (-ST-ZIP) E LET ADDRESS (-ST-ZIP) E		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	S IN 11 Addition Addition Addition
SIGNATURE After Make Check 10. TILLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	D DIRECTORS Delete Delete	TILE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE NAM STRE	E ADDRESSST-ZIP E ADDRESSST-ZIP E E I ADDRESSST-ZIP E IF E T ADDRESSST-ZIP E IF E T ADDRESSST-ZIP E IF E T ADDRESSST-ZIP E IF		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees S IN 11 Addition Addition Addition
SIGNATURE After Make Checi 10. THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THLE NAME TREET ADDRESS CITY-ST-ZIP THLE NAME	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	Directors Delete Delete Delete	TILE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ME LET ADDRESSST-ZIP E LET ADDRESSST-		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees S IN 11 Addition Addition Addition
SIGNATURE After Make Check 10. THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	Directors Delete Delete Delete	TILE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	E ELET ADDRESSST-ZIP E ELET ADDRESS		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees S IN 11 Addition Addition Addition
SIGNATURE After Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	DIRECTORS Delete Delete Delete Delete	TILE NAM STRE CITY THEE NAM STRE CITY LITTE NAM STRE CITY THEE NAM STRE CITY CITY CITY CITY CITY CITY CITY CITY	E ME LET ADDRESSST-ZIP E LET ADDRESSST-ZIPST		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees SIN 11 Addition Addition Addition Addition
SIGNATURE After Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	Directors Delete Delete Delete	TILE NAM STRE CITY THEE NAM STRE CITY	E ME LET ADDRESSST-ZIP E LET ADDRESSST-		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	ed to Fees SIN 11 Addition Addition Addition Addition
SIGNATURE After Make Checi 10. WILE NAME STREET ADDRESS CITY-ST-ZIP UTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgralure, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P NASH, DOROTHY J 1170 GULF BLVD. APT 1006	DIRECTORS Delete Delete Delete Delete	TILE NAM STRE CITY TITLE NAM STRE CITY	E ME LET ADDRESSST-ZIP E LET ADDRESSST-		Trust Fund C	npaign Financ Contribution.	Add DIRECTOR Change Change Change Change	S IN 11

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:

NATURE AND TYPED OR DAINIED WANE OF SIGNING OFFICER OR DIRECTOR

1- 25-05 727-443-0037

FILED