

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000063913	
1. Entity Name DOCTOR EASY MEDICAL PRODUCTS CORPORATION	

Principal Place of Business 784 BLANDING BLVD SUITE 109 ORANGE PARK, FL 32065 US	Mailing Address P. O. BOX 1717 ORANGE PARK, FL 32067 US
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3206112	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARCIA, TEDDY J
3146 NAUTILUS ROAD
MIDDLEBURG, FL 32068

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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 this if applicable. (NOTE: Registered Agent signature required when soliciting) **DATE** _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, TEDDY J 3146 NAUTILUS RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARSHA E 3146 NAUTILUS RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, ORVILLE G 4421 SADDLEHORN TRAIL MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/06-80014-016 150.00

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 info empowered.

SIGNATURE: Marsha E. Garcia **MARSHA E. GARCIA** 1/20/06 (904) 276-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Treas.