


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000029428</b> 1. Entity Name DOCULEX, INC.	
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Principal Place of Business 203 AVE A NW STE 300 WINTER HAVEN, FL 33883	Mailing Address PO BOX 7378 WINTER HAVEN, FL 33883-7378 US
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3377504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
STRANG, CARL J III  
200 AVE. B, N.W.  
WINTER HAVEN, FL 33880

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, CARL J III 1340 LAKE CANNON DR E WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANG, CARL J JR 1050 LAKE OTIS DR W WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KERRY M 1906 18TH ST NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGDAHN, JOSEPH 1332 EVELYN DR SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04-80033-010 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **CARL J STRANG III** **2/4/04** **883 297 3591x1**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #