

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90363 037 ***150.00

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1. Entity Name
DORRILL MANAGEMENT GROUP, INC.



Principal Place of Business

5645 STRAND BLVD
STE 3
NAPLES, FL 34110

Mailing Address

5645 STRAND BLVD
STE 3
NAPLES, FL 34110

66420146



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0895384 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TR., N., STE. 300
NAPLES, FL 34103

**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] **4/10/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinitialing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DORRILL, WILLIAM N
STREET ADDRESS	5800 STRAND BLVD
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TS
NAME	DORRILL, SHARON S
STREET ADDRESS	5800 STRAND BLVD
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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 no other authority.

SIGNATURE:

[Signature] **President**

5/6/04 239-592-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #