

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90002 022 ***150.00

DOCUMENT # S61529

1. Entity Name

DORAN DOWNTOWN AGENCY, INC.



Principal Place of Business

2000 N. OCEAN BLVD.
 304 % HARNETT
 BOCA RATON FL 33431

Mailing Address

2000 N. OCEAN BLVD.
 304 % HARNETT
 BOCA RATON FL 33431

2. Principal Place of Business

2000 N. OCEAN BLVD

Suite, Apt. #, etc.

BOCA RATON, F

3. Mailing Address

Suite, Apt. #, etc.

Same



MOORE

CR2E034 (11/03)

City & State

APT 304

City & State

4. FEI Number

65-0271421

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTRAM, HARNETT
 2000 N. OCEAN BLVD.
 BOCA RATON FL 33431

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 admits 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

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: DSS Delete
 NAME: HARNETT, BERTRAM
 STREET ADDRESS: 2000 N. OCEAN BLVD.
 CITY-ST-ZIP: BOCA RATON FL

TITLE: DP Delete
 NAME: HARNETT, RUTH
 STREET ADDRESS: 2000 N OCEAN BLVD
 CITY-ST-ZIP: BOCA RATON FL

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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 list empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERTRAM HARNETT

1/21/04

Date

5613681995

Daytime Phone #