. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #210032

1. Entity Name

DOWLING PROPERTIES, INC.



Principal Place of Business

HERBERT L DOWLING 11040 GULF BLVD TREASURE ISLAND, FL 33706 Mailing Address

HERBERT L DOWLING 11040 GULF BLVD TREASURE ISLAND, FL 33706

FILED Feb 09, 2006 8:00 am Secretary of State

02-09-2006 90047 013 ***150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0841739

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DOWLING, HERBERT'L RICHARD L 11040 GULF BLVD TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

TREASURE ISLAND, FL 33706		IN THIS SPACE		
	camed entity submits this statement for the priors of registered agent. Signature, typed or printed name of registered agent and title	one '	ed office or registered agent, or both d Agent signature required when reinstating)	in the State of Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	i .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWLING, RICHARD L. 138-107TH AVE., #111 TREASURE ISLAND, FL 33709			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWLING, JAMES A. 6835 4TH AVE N SAINT PETERSBURG, FL 33710			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWLING, ROBERT 6711 DALE PALM AVE. S. SAINT PETERSBURG, FL 33707		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWLING, MARY 13525 MARIA DRIVE HUDSON, FL 34667		ТИІ	HIS SPACE
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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 attaction with an address, with all othat like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CONSTRUCT AND TWEED OR RESULTED WANTE OF SIGNING OFFICES OR DIRECTOR

KICHANO C. DOWUMG

Daytime Phone #