

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 235061

1. Entity Name
DOPLER GROVES, INC.



Principal Place of Business
**1016 SUNSET TRAIL
BABSON PARK, F 33827 US**

Mailing Address
**PO BOX 687
BABSON PARK, F 33827 US**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOPLER, PATRICIA K
11 CATHERINE AVE
BABSON PARK, FL 33827**

**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 Patricia K. Dopler Patricia K. Dopler President 1/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DOPLER, SHAD E
STREET ADDRESS	41 CATHERINE AVE
CITY-ST-ZIP	BABSON PARK, FL 33824
TITLE	VD
NAME	DOPLER, DAVID R
STREET ADDRESS	1016 SUNSET TRAIL
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	T
NAME	DOPLER, DAVID R
STREET ADDRESS	1016 SUNSET TRAIL
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	PD
NAME	DOPLER, PATRICIA K
STREET ADDRESS	11 CATHERINE AVE
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	AS
NAME	HOLMES, P. LEONA
STREET ADDRESS	239 TYLER ST
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/08-80038-014.150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: Shad E. Dopler SHAD E. DOPLER 1-21-08 863-638-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #