

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90018 039 ***150.00

DOCUMENT # 255389

1. Entity Name
DOWLING INVESTMENTS, INC.



Principal Place of Business

**HERBERT L DOWLING
11040 GULF BLVD TREASURE ISLAND
ST PETERSBURG, FL 33706**

Mailing Address

**HERBERT L DOWLING
11040 GULF BLVD TREASURE ISLAND
ST PETERSBURG, FL 33706**



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0946450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOWLING, HERBERT L
11040 GULF BLVD.
TREASURE ISLAND, FL 33706**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DOWLING, RICHARD L.
STREET ADDRESS *138-107th AVE #111*
CITY-ST-ZIP *2710 PIEDMONT AVE #5 TREASURE ISLAND, FL*
MONTROSE, CA 94020 33706

TITLE VD
NAME DOWLING, JAMES A.
STREET ADDRESS 6835 4TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE CP
NAME DOWLING, ROBERT
STREET ADDRESS 6711 DATE PALM AVENUE S
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE S
NAME DOWLING, MARY L
STREET ADDRESS 13525 MARIA DR
CITY-ST-ZIP HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 (227) 363-7516
Date Daytime Phone #