2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004
Secretary of State

DOCUMENT# 300480

Entity Name: DOALL FLORIDA COMPANY

Current Principal Place of Business:

245 NORTH LAUREL AVE
DES PLAINES, IL 60016

New Principal Place of Business:

Current Mailing Address:

245 NORTH LAUREL AVE
DES PLAINES, IL 60016

New Mailing Address:

FEI Number: 59-1112401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: WILKIE, MICHAEL L
Address: 254 N. LAUREL AVE.
City-St-Zip: DES PLAINES, IL 60016

Title: P ( ) Delete
Name: CRAWFORD, DAVIDEL
Address: 254 N. LAUREL AVE.
City-St-Zip: DES PLAINES, IL 60016

Title: EXVP ( ) Delete
Name: HENRICKS, JON M
Address: 254 N. LAUREL AVE.
City-St-Zip: DES PLAINES, IL 60016

Title: T ( ) Delete
Name: JAPCZYK, JAMES
Address: 254 NORTH LAUREL
City-St-Zip: DES PLAINES, IL 60016

Title: S ( ) Delete
Name: MORAN, TIMOTHY
Address: 254 NORTH LAUREL
City-St-Zip: DES PLAINES, IL 60016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MORAN S 08/13/2004

Electronic Signature of Signing Officer or Director Date