

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 354042 1. Entity Name DORAN INVESTMENTS, INC.	
--	---

Principal Place of Business 345 W PALMETTO PK RD BOCA RATON, FL 33432 US	Mailing Address P O BOX 4173 BOCA RATON, FL 33429-4173 US
--	---



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1275248	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent DORAN, PETER F 345 W PALMETTO PARK RD BOCA RATON, FL 33432
--

**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 reappointing) 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**

U000000059906
02/23/04-80019-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, ELLEN 1060 NW 13TH STREET H186D BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DORAN, PETER F 400 SE SPANISH TRAIL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, MOLLY 400 SE SPANISH TRAIL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/14/04 367-6004