2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State
05-04-2007 90076 012 ***150.00

DOCUMENT # 354042

1. Entity Name
DORAN INVESTMENTS, INC.

66018331

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

04162007 No Chg-P CR2E034 (11/05)

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 _____ 04/16/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DORAN, ELLEN
STREET ADDRESS	1050 NW 13TH STREET H185D
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	PC
NAME	DORAN, PETER F
STREET ADDRESS	400 SE SPANISH TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	DORAN, MOLLY
STREET ADDRESS	400 SE SPANISH TRAIL
CITY-ST-ZIP	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	

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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:

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1. Entity Name
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ATTACHMENT
66018331

[redacted]

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TITLE	D
NAME	DORAN, ELLEN
STREET ADDRESS	1050 NW 13TH STREET 11185D
CITY ST ZIP	BOCA RATON, FL 33486
TITLE	PC
NAME	DORAN, PETER F
STREET ADDRESS	400 SE SPANISH TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	DORAN, MOLLY
STREET ADDRESS	400 SE SPANISH TRAIL
CITY ST ZIP	BOCA RATON, FL 33432
TITLE	
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STREET ADDRESS	
CITY ST ZIP	
TITLE	
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CITY ST-ZIP	
TITLE	
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CITY ST-ZIP	

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SIGNATURE: Peter F. Doran Pres.
Peter F. Doran President