

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 365148

1. Entity Name
DOBBY'S PLACE, INC.



Principal Place of Business
**4440 PINE ISLAND ROAD NW
MATLACHA, FL 33993-9777 US**

Mailing Address
**4440 PINE ISLAND ROAD NW
MATLACHA, FL 33993-9777 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1295693

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DOBBINS, BEVERLY M
4440 PINE ISLAND ROAD NW
MATLACHA, FL 33993-9777**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DOBBINS, BEVERLY M
STREET ADDRESS	4440 PINE ISLAND RD NW
CITY - ST - ZIP	MATLACHA, FL 339939777
TITLE	ST
NAME	DOBBINS, BEVERLY M
STREET ADDRESS	4440 PINE ISLAND RD NW
CITY - ST - ZIP	MATLACHA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000238653
02/22/05-86008-018 150.00

**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: *Beverly M. Dobbins* **BEVERLY M. DOBBINS** **Feb. 17, 2005** **239-283-1452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #