


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90001 026 ***150.00

DOCUMENT # 366346
 1. Entity Name
DOLLY LAKE ESTATES, INC.



Principal Place of Business
 2572 NW 2ND RD
 LAKE PANASOFFKEE, FL 33538

Mailing Address
~~P.O. BOX 133
 GOTHA, FL 34734~~

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
**P.O. Box 1213
 Lake Panasoffkee, Florida**

City & State
 City & State

Zip
 Country **USA**

Zip **33538-1213** Country

40000260



06132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ALDERMAN, RALPH D
~~9808 MORTON JONES ROAD
 GOTHA, FL 34734.~~

4. FEI Number
 59-1429572

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Alderman Ralph D.

Street Address (P.O. Box Number is Not Acceptable)
2572 N.W. 2nd Rd

City **Lake Panasoffkee** FL Zip Code **33538-1213**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDERMAN, RALPH D	
STREET ADDRESS	9808 MORTON JONES RD	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALDERMAN, JERALD B	
STREET ADDRESS	9716 MORTON JONES RD	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alderman Ralph D.	
STREET ADDRESS	2572 NW 2nd Rd P.O. Box 1213 Lake Panasoffkee, Florida	
CITY-ST-ZIP	33538-1213	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alderman, Jerald B.	
STREET ADDRESS	P.O. Box 342 or 5501 N. Highway #301 Sumterville, Florida	
CITY-ST-ZIP	33585-0342	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE: Ralph D Alderman Date: 1-352-568 2056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Ralph D Alderman