

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366346

FILED
Apr 17, 2009
Secretary of State

Entity Name: DOLLY LAKE ESTATES, INC.

Current Principal Place of Business:

2572 NW 2ND RD
LAKE PANASOFFKEE, FL 335381213

New Principal Place of Business:

2572 NW 2ND RD
LAKE PANASOFFKEE, FL 33538

Current Mailing Address:

POB 1213
LAKE PANASOFFKEE, FL 335381213

New Mailing Address:

FEI Number: 59-1429572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDERMAN, RALPH D
2572 NW. 2ND RD
LAKE PANASOFFKEE, FL 33538 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: PD () Delete
Name: ALDERMAN, RALPH D
Address: POB 1213 OR 2572 NW 2ND RD
City-St-Zip: GOTHA, FL 34734

Title: STD () Delete
Name: ALDERMAN, JERALD B
Address: POB 342 OR 5501 N. HIGHWAY #301
City-St-Zip: GOTHA, FL 34734

Title: VP () Delete
Name: ALDERMAN, ALETTA P
Address: P.O. BOX 1213, 2572 NW 2ND RD
City-St-Zip: LAKE PANASOFFKEE, FL 335381213

Title: ST () Delete
Name: ALDERMAN, ALETTA P
Address: P.O. BOX 1213, 2572 NW 2ND RD
City-St-Zip: LAKE PANASOFFKEE, FL 335381213

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALETTA ALDERMAN

VP

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date