

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366346

FILED  
May 11, 2010  
Secretary of State

Entity Name: DOLLY LAKE ESTATES, INC.

**Current Principal Place of Business:**

2572 NW 2ND RD  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALDERMAN, RALPH D  
Address: POB 1213 OR 2572 NW 2ND RD  
City-St-Zip: GOTHA, FL 34734

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RALPH D. ALDERMAN

PRES

05/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date