


FILED
Jun 25, 2007 8:00 am
Secretary of State

04-30-2007 90383 041 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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DOCUMENT # 411849
 1. Entity Name
DORAN & CO.



Principal Place of Business Mailing Address
345 W PALMETTO PARK RD **PO BOX 4173**
BOCA RATON, FL 33432 US **BOCA RATON, FL 33429-173 US**

DO NOT WRITE IN THIS SPACE

66019774



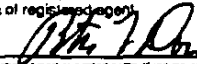
04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1478708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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:  DATE: **06/14/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	P DORAN, PETER F 400 SE SPANISH TRL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORAN, MOLLY M 400 SE SPANISH TRL BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPENCER, MARGARET M 1572 SW 6TH COURT BOCA RATON, FL 33480
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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DOCUMENT # 411849 <small>1. Entity Name</small> DORAN & CO.	
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ATTACHMENT

66019774



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SIGNATURE: *[Handwritten Signature]*
Peter F. Doran President