## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # 452560** 05-03-2004 91017 016 \*\*\*158.75 1. Entity Name B & E DOBSON, INC. Mailing Address Principal Place of Business 130 N.W. 3RD AVE. 130 N.W. 3RD AVE. DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 59-1545029 ----Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOBSOM DOBSON, WESLEY ddress (P.O. Box Number is Not Acceptable) 3910 SHERWOOD PARK BLVD DELRAY BEACH, FL 33449 3344 BEACH 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. ne of registered agent and title if a (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change Addition TITLE DOBSON, BARRY L NAME 130 N.W. 3RD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP Addition TITLE Delete ΠΠE Change DOBSON, EVELYN S NAME NAME STREET ADDRESS 130 N.W. 3RD AVE. STREET ADDRESS DELRAY BEACH, FL 33444 CITY-ST-7IP CITY-ST-ZIP Delete SD TITLE Change Addition IIII F DOBSON, LUCY NAME 3910 SHERWOOD PK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BCH, FL CITY-ST-ZIP Delete ☐ Addition TITLE DOBSON, BARRY L JR NAME NAME Dobson 130 N.W. 3RD AVE. STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33444 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete m e Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE mr NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

FILED