

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 525983 1. Entity Name DOLL HOUSE, INC.					
Principal Place of Business 5075 S ORANGE BLOSSOMS TR ORLANDO, FL 32839 US			Mailing Address 5075 S ORANGE BLOSSOMS TR ORLANDO, FL 32839 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1732270			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LABRET, STEVEN M 226 HILLCREST STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URANCICH, G W 5075 S ORANGE BLOSSOMS TR ORLANDO, FL 32839	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URANCIK, CAROL A 5075 S ORANGE BLOSSOMS TR ORLANDO, FL 32839	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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.			U000000070748 03/01/04-80049-007 150.00		
SIGNATURE: <i>[Signature]</i>		<i>[Signature]</i>		<i>[Signature]</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	