


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 014 ***158.75

DOCUMENT # 536412	
1. Entity Name JAMES R. DOCKERTY, INC.	

Principal Place of Business FAIRVIEW ROAD P.O. BOX 1629 ANDREWS, NC 28901-0389	Mailing Address FAIRVIEW ROAD P.O. BOX 1629 ANDREWS, NC 28901-0389
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DO NOT WRITE IN THIS SPACE



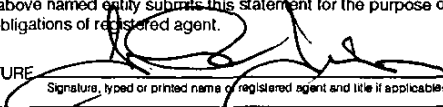
04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1754661	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent John M. Dockerty 2856 - 65th Way, North St. Petersburg, Florida 33710
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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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/10/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOCKERTY, JAMES R. FAIRVIEW ROAD ANDREWS, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOCKERTY, CURTIS W. FAIRVIEW ROAD ANDREWS, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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.

SIGNATURE:

Curtis W. Dockerty, Pres - Curtis W. Dockerty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05
Date

(828) 321-3715
Daytime Phone #