

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 033 ***158.75

DOCUMENT # 536412

1. Entity Name
JAMES R. DOCKERTY, INC.



Principal Place of Business
FAIRVIEW ROAD 2966 Concord Way
P.O. BOX 1629 Blairsville
ANDREWS, NC 28901-0389 Georgia 30512

Mailing Address
FAIRVIEW ROAD
P.O. BOX 1629
ANDREWS, NC 28901-0389

50008718



03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
2966 Concord Way

3. Mailing Address
2966 Concord Way

Suite, Apt. #, etc.
City & State Blairsville, Georgia
Zip 30512 Country USA

Suite, Apt. #, etc.
City & State Blairsville, Georgia
Zip 30512 Country

4. FEI Number
59-1754661

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCKERTY, JOHN M
2856 65TH WAY NORTH
SAINT PETERSBURG, FL 33710

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **P** ☐ Delete
NAME **DOCKERTY, JAMES R.**
STREET ADDRESS **FAIRVIEW ROAD 2966 Concord Way**
CITY-ST-ZIP **ANDREWS, NC Blairsville, Ga 30512**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **DOCKERTY, CURTIS W.**
STREET ADDRESS **FAIRVIEW ROAD 2966 Concord Way**
CITY-ST-ZIP **ANDREWS, NC Blairsville, Ga 30512**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Curtis W. Dockerty** **Sec - Treas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 **781-6533**
Date Daytime Phone #