2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 543997

1. Entity Name

THE DORCAS MANUFACTURING COMPANY



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business 4200 31ST STREET NORTH ST. PETERSBURG, FL 33714 Mailing Address

4200 31ST STREET NORTH ST. PETERSBURG, FL 33714



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Na Chg-P

CR2E034 (11/05)

4. FEI Number 59-1765114 Applied For

				1 33-170	20114		{ {MO! Whiling
				5. Certificate	e of Status Desired	□ \$	8.75 Additional see Required
	6. Name and Address of Current Regis	tered Agent			•	•	
CAMPAGNA, DONALD N. 4200 31ST STREET NORTH ST. PETERSBURG, FL 33714			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the loans of registered agent.	ourpose of changing its registere	 ed office or re	egistered agent, or bo	oth, in the State of Flo	rida. I am fa	miliar with, and ac
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registere	d Agent signature	required when roinstaling)		DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	}		
10.	OFFICERS AND DIRE	CTORS	I				
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	PD CAMPAGNA, DONALD N. 4200 31ST ST N. ST. PETERSBURG, FL				01/19/06-8	87873 0055-02	2 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP	S CAMPAGNA, RUTH A. 4200 31ST ST N. ST. PETERSBURG, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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 directly of the corporation or the receiver or trustee empawered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1 changed, or on an attaching the with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR