2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543997

1. Entity Name

THE DORCAS MANUFACTURING COMPANY



Principal Place of Business

Mailing Address

4200 31ST STREET NORTH ST. PETERSBURG, FL 33714 4200 31ST STREET NORTH ST. PETERSBURG, FL 33714 FILED Jan 14, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-1765114 Not Applied ble

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPAGNA, DONALD N. 4200 31ST STREET NORTH ST. PETERSBURG, FL 33714 DO NOT WRITE IN THIS SPACE

			plan.			
	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bot	h, in the State of Florida. I am	familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE, Regis	stered Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPAGNA, DONALD N. 4200 31ST ST N. ST. PETERSBURG, FL	TORS	STEP STEP STEP STEP STEP STEP STEP STEP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPAGNA, RUTH A. 4200 31ST ST N. ST. PETERSBURG, FL				U00000783094 01/16/08-80001-	-002,150.00
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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:/

Donald N

NAME STREET ADDRESS CITY-ST-ZIP

ER OR DIRECTOR

2008

Daytime Phone

(727) 527-0696