

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1919173** Applied For Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DOCUMENT # 627595
1. Entity Name
DOZCO ENTERPRISES, INC.



Principal Place of Business Mailing Address
11094 MONET LANE 11094 MONET LANE
PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
DOSDOURIAN, BRUCE
11094 MONET LANE
PALM BCH GARDENS FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DOSDOURIAN, BRUCE			NAME			
STREET ADDRESS	11094 MONET LANE			STREET ADDRESS			
CITY- ST- ZIP	PALM BEACH GARDENS FL			CITY- ST- ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DOSDOURIAN, MARY			NAME			
STREET ADDRESS	11094 MONET LANE			STREET ADDRESS			
CITY- ST- ZIP	PALM BCH GARDENS FL			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 to this address, with all other like empowered.

SIGNATURE: *Bruce Dosdourian* **04/08/05 6260820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #