

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 658922**

1. Entity Name  
DOTOLO RESEARCH CORP.



Principal Place of Business  
970 HARBOR LAKE DR  
SUITE A  
SAFETY HARBOR, FL 34695

Mailing Address  
970 HARBOR LAKE DR  
SUITE A  
SAFETY HARBOR, FL 34695



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1995239

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DOTOLO, RAYMOND  
970 HARBOR LAKE DR  
SUITE A  
SAFETY HARBOR, FL 34695

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DOTOLO, RAYMOND  
STREET ADDRESS 970 HARBOR LAKE DRIVE STE A  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE D  
NAME DOTOLO, CONNIE  
STREET ADDRESS 970 HARBOR LAKE DRIVE STE A  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE TR  
NAME DOTOLO, DEBRA  
STREET ADDRESS 970 HARBOR LAKE DRIVE STE A  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VP  
NAME SOLOMON, MAURY  
STREET ADDRESS 10199 W VAN BUREN, SUITE 10  
CITY-ST-ZIP TOLLESON, AZ 85353

TITLE SEC  
NAME SOLOMON, JULIE  
STREET ADDRESS 10199 W VAN BUREN, SUITE 10  
CITY-ST-ZIP TOLLESON, AZ 85353

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000895551  
04/24/08-80072-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Raymond Doto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/08 727-723-7777