

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 681901	
1. Entity Name DOLINS, INC.	

Principal Place of Business 801 62ND AVE N. ST. PETERSBURG FL 33702	Mailing Address 801 62ND AVE N. ST. PETERSBURG FL 33702
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2030214	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRAHL, DONALD R 795-62ND AVE N SAINT PETERSBURG FL 33702		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 agree to the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PT	☐ Delete	TITLE	☐ Change	☐ Add	U000000431841	
NAME	PRAHL, DONALD R.		NAME			02/23/06-80044-020 150.00	
STREET ADDRESS	801 62ND AVE N.		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP				
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Add		
NAME	PRAHL, LINDA M.		NAME				
STREET ADDRESS	801 62ND AVE N.		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Add		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Add		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Add		
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 exemptions contained in Section 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 R Prah* **Donald R Prah** 2/3/07 727-525-3431