

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 693859**

1. Entity Name  
DIDOC, INC.



Principal Place of Business

1355 MARKET STR  
#A13  
TALLAHASSEE, FL 32312 US

Mailing Address

1355 MARKET STR  
#A13  
TALLAHASSEE, FL 32312 US

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2106703

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

RICHARD A. BOYD  
1528 COPPER FIELD CIR.  
TALLAHASSEE, FL 32312

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GOMEZ, JENNIFER B  
STREET ADDRESS 1528 COPPERFIELD CIR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VD  
NAME BOYD, EDITH S  
STREET ADDRESS 1528 COPPERFIELD CIR.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE STD  
NAME BOYD, RICHARD A  
STREET ADDRESS 1528 COPPER FIELD CIR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000740139  
05/14/07-80055-003 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

(850) 893-3121

Daytime Phone #