

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 013 ****61.25

DOCUMENT # 756014

1. Entity Name

THE POKE-A-DOTS, INC.



Principal Place of Business

% ALVIN BRUBAKER - BAYSHORE GARDENS
2074 SUNSET DR., BLDG. 7R APT. 32
BRADENTON FL 34207

Mailing Address

2074 SUNSET DR.
BUILDING 7R, #32
BRADENTON FL 34207
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2128754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, ELEANOR T
8515 US HWY 41 N
#106
PALMETTO FL 34221

Name **DELORES WALKER**

Street Address (P.O. Box Number is Not Acceptable)

605 22nd ROAD EAST

City

BRADENTON

FL

Zip Code

34208

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

Deloris Walker

2/21/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BRUBAKER, ALVIN | |
| STREET ADDRESS | 2074 SUNSET DR, #7A-32 | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RILEY, ELIZABETH | |
| STREET ADDRESS | 1100 44TH ST W | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | ANDERSON, ELEANOR | |
| STREET ADDRESS | 8515 U.S. HWY. 41 N., LOT 106 | |
| CITY-ST-ZIP | BRADENTON FL 34221 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALLORAN, BETTY J | |
| STREET ADDRESS | 4110 15TH AVE W | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POLLEY, RUBY W | |
| STREET ADDRESS | 910 ORLANDO AVENUE W | |
| CITY-ST-ZIP | BRADENTON FL | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, VIRGINIA | |
| STREET ADDRESS | 6306 7TH AVE W | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DELORES WALKER |
| STREET ADDRESS | 605 22nd Road EAST |
| CITY-ST-ZIP | BRADENTON FL 34208 |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1852 SUNNY DRING |
| CITY-ST-ZIP | BRADENTON, FL 34207 |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 617, 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:

Deloris Walker

2/21/06

9A-750-0446