2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F74176

1. Entity Name
DOBSON & SON, INC.

Principal Place of Business	Mailing Address
965 UNIVERSITY BLVD NORTH JACKSONVILLE, FL 32211	965 UNIVERSITY BLVD NORTH JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

01242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2185080	Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, JAMES V ESQ
228 PONTE VEDRA PARK DRIVE STE 200
P.O. BOX 676
PONTE VEDRA BEACH, FL 32082

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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 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 $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000674008 03/29/07-80053-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DOBSON, FRANK N
STREET ADDRESS	965 UNIVERSITY BLVD N
CITY-ST-ZIP	JACKSONVILLE, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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: _Frank N. Dobson_ FRANK DOBSON   3/17/07   (904)744-1700

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