




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G41471			
1. Entity Name D. O. L. ASSOCIATES, INC.			
Principal Place of Business 665 WATERWOOD WAY MELBOURNE, FL 32940	Mailing Address 665 WATERWOOD WAY MELBOURNE, FL 32940		
DO NOT WRITE IN THIS SPACE			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2297576	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
LUTZ, DALLAS P 665 WATERWOOD WAY MELBOURNE, FL 32940			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTZ, DALLAS P. 665 WATERWOOD WAY MELBURNE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUTZ, HEIDI 665 WATERWOOD WAY MELBOURNE, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		1-800-826-3091 EXT 202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date JAN 12, 2004	Daytime Phone #