

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90040 037 ***150.00

DOCUMENT # H39675

1. Entity Name

JAMES DORIS, INC.



Principal Place of Business

3920 - 31ST STREET NORTH
ST. PETERSBURG FL 33714

Mailing Address

3920 - 31ST STREET NORTH
ST. PETERSBURG FL 33714



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2509856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONK, JAMES L.
3920 - 31ST STREET NORTH
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONK, JAMES L PD	
STREET ADDRESS	6472 - 30TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	

TITLE	VD	<input type="checkbox"/> Delete
NAME	MONK, DORIS L V.P.	
STREET ADDRESS	6472 - 30TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MONK, WALTER TREAS	
STREET ADDRESS	11601 4TH STREET N. #1906	
CITY - ST - ZIP	MIAMI FL 33176	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FINNICAL, BARBARA M SEC	
STREET ADDRESS	6226 CLOVER LANE	
CITY - ST - ZIP	MACUNGIE PA 18026	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		

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 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:

James L. Monk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. MONK

1/18/07

727 521 3477

Date

Daytime Phone #