## ~2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT #L10636** 04-20-2005 90356 024 \*\*\*150.00 1. Entity Name DUBSDREAD ENTERPRISES, INC. Principal Place of Business Mailing Address 50041015 3471 RIVER GARDEN CIRCLE 37 MAIN STREET PENSACOLA, FL 32514 US P.O. BOX 477 COLD SPRING HARBOR, NY 11724-0477 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For City & State 65-0164556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISERMAN, JORDAN C Street Address (P.O. Box Number is Not Acceptable) 3471 RIVER GARDEN CIRCLE PENSACOLA, FL 32514 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Contraction is the first and the contraction of the П Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Change ☐ Addition ☐ Delete ISERMAN, JORDAN M. NAME NAME 37 MAIN ST P O BOX 477 NA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLD SPRINGS HARBOR, NY CITY-ST-ZIP SD Delete TITLE ☐ Change ☐ Addition TITLE COSBAN EDITH NAME NAME STREET ADDRESS STREET ADDRESS 37 MAIN ST P O BOX 477 NA COLD SPRINGS HARBOR, NY CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP -~ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY+ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**