

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90023 010 \*\*\*158.75

**DOCUMENT # M48244**

1. Entity Name  
**DOT AND DEE CO.**



Principal Place of Business  
**C/O DOROTHY CRAVERO  
11040 NW 15TH STREET  
PEMBROKE PINES, FL 33026**

Mailing Address  
**C/O DOROTHY CRAVERO  
11040 NW 15TH STREET  
PEMBROKE PINES, FL 33026**

**40003441**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0154519**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CRAVERO, DOROTHY  
11040 NW 15TH STREET  
PEMBROKE PINES, FL 33026**

**DO NOT WRITE  
IN THIS SPACE**

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

**DOROTHY CRAVERO, PRES.**

**2-15-05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CRAVERO, DOROTHY  
11040 NW 15TH STREET  
PEMBROKE PINES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
CRAVERO, VINCENT P.  
11040 N.W. 15TH ST  
PEMBROKE PINES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
MICHAEL L. CRAVERO  
11040 NW 15 ST  
PEMBROKE PINES, FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Dorothy Cravero**

**2-15-05**

**954-431-6881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #