

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000011095

1. Entity Name
DOYLE REALTY, INC.



Principal Place of Business
623 SARITA ST
SANFORD, FL 32773

Mailing Address
623 SARITA ST
SANFORD, FL 32773

FILED
Mar 21, 2007 08:00 AM
Secretary of State



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3625854

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOYLE, JAMES M
764 SILVERSMITH CIR
LAKE MARY, FL 32746

**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 _____

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOYLE, JAMES M
764 SILVERSMITH CIR
LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

U000000674687
03/29/07-80080-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 407-302-2172

Date

Daytime Phone #