


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000057967</b>	
1. Entity Name <b>DOOLEY, INC.</b>	

Principal Place of Business <b>9019 WOODVILLE HWY WOODVILLE, FL 32362</b>	Mailing Address <b>DOOLEY INC PO BOX 1209 WOODVILLE, FL 32362</b>
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04122006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3652311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SHULER, J. GORDON  
100 21ST AVE  
APALACHICOLA, FL 32320**

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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000532308 05/06/06-80078-020 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WAYNE DOOLEY, MICHAEL 425 W HIGHWAY 98 APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOOLEY, LINDA J 425 W HIGHWAY 98 APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYKES, JERRY 9019 WOODVILLE HIGHWAY WOODVILLE, FL 32362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Linda J. Dooley* *Michael Wayne Dooley* *April 21, 2006 (850) 653-9695*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #