

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000097397	
1. Entity Name DORSEY FAMILY INVESTMENTS, INC.	

Principal Place of Business 1161 S. SOUTHLAKE DR. HOLLYWOOD, FL 33019	Mailing Address 1161 S. SOUTHLAKE DR. HOLLYWOOD, FL 33019
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02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1046630	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORSEY, JOSEPH E M.D. 1161 S. SOUTHLAKE DR. HOLLYWOOD, FL 33019

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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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	DORSEY, JOSEPH E
NAME	1161 S. SOUTHLAKE DR.
STREET ADDRESS	HOLLYWOOD, FL 33019
CITY-ST-ZIP	
TITLE DPST	DORSEY, MARILYN S.
NAME	1161 S. SOUTHLAKE DR.
STREET ADDRESS	HOLLYWOOD, FL 33019
CITY-ST-ZIP	
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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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: Marilyn S. Dorsey TTEE 4/20/06 (954) 923-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARILYN S. DORSEY, TTEE Cert. Mail 7003 1480 0007 1786 1807