


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 020 ***150.00

DOCUMENT # P00000117766
 1. Entity Name
DOREEN ROCKWELL, INC.



Principal Place of Business
**1224 SOUTHEAST FORT KING STREET
 OCALA, FL 34471**

Mailing Address
**1224 SOUTHEAST FORT KING STREET
 OCALA, FL 34471**

2. Principal Place of Business
5305 S.E. 35th Ct

3. Mailing Address
P.O. Box 546

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State
Ocala, Fl.

Zip
34480

Country
USA

Zip
34478

Country
USA

40044001



02272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1063643

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROCKWELL, DOREEN
 1224 SOUTHEAST FORT KING STREET
 OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name **Rockwell, Doreen**

Street Address (P.O. Box Number is Not Acceptable)
5305 S.E. 35th Ct.

City **Ocala** FL Zip Code **34480**

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: **Woreen Rockwell** DATE: **3/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	ROCKWELL, DOREEN 1224 SOUTHEAST FORT KING STREET OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		

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: **Woreen Rockwell** DATE: **3/10/06** DAYTIME PHONE #: **352-817-6098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR