

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003551

**FILED**  
**Mar 14, 2006**  
**Secretary of State**

**Entity Name:** THOMAS E. DOSS III, P.A.

**Current Principal Place of Business:**

500 E. ALTAMONTE DR.  
SUITE 200  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

P.O. BOX 196248  
WINTER SPRINGS, FL 327196248

**New Principal Place of Business:**

934 E. ALTAMONTE DR.  
SUITE 1  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3702292      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOSS, THOMAS E III  
500 E. ALTAMONTE DR.  
SUITE 200  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

DOSS, THOMAS E III  
934 E. ALTAMONTE DR.  
SUITE 1  
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/14/2006

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: DOSS, THOMAS E III  
Address: 500 E. ALTAMONTE DR., #200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: DOSS, THOMAS E III  
Address: 934 E. ALTAMONTE DR., SUITE 1  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. DOSS III

Electronic Signature of Signing Officer or Director

P

03/14/2006

Date