

Don Griffin

813-688-8728

P. 2

FILED

Mar 22, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000009477 1. Entity Name DODA VENTURES, INC.	
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Principal Place of Business 654 W BRANDON BLVD BRANDON, FL 33511	Mailing Address 654 W BRANDON BLVD BRANDON, FL 33511
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03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 58-3698411	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent GRIFFIN, DON 21127 LAKE VIENNA DRIVE LAND O'LAKES, FL 34639	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent requirement is required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$200.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GRIFFIN, DON 21127 LAKE VIENNA DRIVE LAND O'LAKES, FL 34639
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this 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 affidavit with no other like empowered.

SIGNATURE: Don Griffin Don Griffin 3/20/04 813-499-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #