


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000062593 |  |
| 1. Entity Name DWELLINGS BY DOLAN, INC. | |

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| Principal Place of Business 12432 82ND TERR. N. SEMINOLE, FL 33772 | Mailing Address 12432 82ND TERR. N. SEMINOLE, FL 33772 |
|--|--|

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 02-0556042 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DOLAN, MARY CATHERINE
12432 82ND TERR. N.
SEMINOLE, FL 33772

**DO NOT WRITE
IN THIS SPACE**

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 Mary Catherine Dolan *Director/President* Mary Catherine Dolan 4-20-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

| | | |
|---|---|---------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---------------------------------------|

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSPT DOLAN, MARY CATHERINE 12432 82ND TERR. N. SEMINOLE, FL 33772 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DOLAN, JAMES A 12432 82ND TERR. N. SEMINOLE, FL 33772 |
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04/22/04-80043-015 150.00

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 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: Mary Catherine Dolan *Director/President* Mary Catherine Dolan 04-20-04 727-393-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #