

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90132 006 \*\*\*150.00

**DOCUMENT # P01000066175**

1. Entity Name  
**DOC-2-DOC, INC.**



Principal Place of Business  
**5768-1 CALAIS BLVD N  
SAINT PETERSBURG, FL 33714**

Mailing Address  
**POST OFFICE BOX 55487  
SAINT PETERSBURG, FL 33732-5487**

**40082121**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3742613**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE-SR, CHARLES R  
5268-1 CALAIS BLVD NORTH  
SAINT PETERSBURG, FL 33714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 *V/A*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete  
NAME **WHITE, CHARLES R SR**  
STREET ADDRESS **5768-1 CALAIS BLVD NO**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33714**

TITLE ☐ Change ☐ Addition  
NAME *No change*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **MOORE-WHITE, PATRICIA ANN**  
STREET ADDRESS **5768-1 CALAIS BLVD NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33714**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **WHITE, BRIAN S**  
STREET ADDRESS **242 OGLETHORPE PLACE**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Charles R White Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/08*

Date

*(727) 420-3249*

Daytime Phone #