2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000020687

1. Entity Name
DOZIER & DOZIER, INC.

Principal Place of Business	Mailing Address
3934 NW 167 ST. MIAMI, FL 33054	3934 NW 167 ST. MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE

04102005   No Chg-P   CR2E034 (10/03)

4. FEI Number NOT APPLICABLE		Applied For
		Not Applicable
5. Certificate of Status Desired	☑	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOZIER, WILLIAM L.
19435 NW 43 AVE.
MIAMI, FL 33055

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

DATE 4/19/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOZIER, WILLIAM L.
STREET ADDRESS	19435 NW 43 AVE.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	ST
NAME	DOZIER, SYLVIA
STREET ADDRESS	19435 NW 43 AVE.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80083-016 158.75

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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 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: _____ WILLIAM DOZIER   4/19/05   (305)624-5274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #