2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED

May 02, 2008 8:00 am Secretary of State

05-02-2008 90184 003 ***158.75

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DOCUMENT # P02000020687

1. Entity Name DOZIER, INC.

3934 NW 167 ST. MIMMI, FL 33054 2. Principal Place of Business - No P.O. Box # 3. Melling Address Suite, Apt. #, etc.	3034 NW 16	e of Business	Mailing Address				00000			
Suite, Apt. #, etc. City & State City & State City & State City & State Applied For Not Applied Storetificate of Status Desired \$8.75 Additional Fee Requiriod Name Name Name Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Tup Code The Applied For Not Acceptable is Not Acceptable in the State of Florida. I am lamillar with, and acceptable in the Obligations of registered agent are departed agent and agent and acceptable in the State of Florida. I am lamillar with, and acceptable in the Obligations of registered agent are departed agent and acceptable in the State of Florida. I am lamillar with, and acceptable in the Obligations of registered agent and agent and agent and acceptable in the Obligations of registered agent and acceptable in the Obligation of Process and Obligations of registered agent and acceptable in the Obligation of registered agent and acceptable in the Obligation of registered agent of both Acceptable in the Obligation of registered agent of both Acceptable in the Obligation of registered agent of both Acceptable in the Obligation of registered agent of both Acceptable in the Obligation of Registered Agent of Process and Acceptable in the Obligation of Registered Agent of Process and Acceptable in the Obligation of Registered Agent of	3934 NW 167 ST. MIAMI, FL 33054		3934 NW 167 ST.							
City & State City & Country Country S. Certificate of Status Desired States Desire	2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Not Applicable Not Applicable Not Applicable Not Applicable Status Desired Stat	Suite, Apt. #, etc.		Suite. Apr. #, etc.		04292008	Chg-P	CR2E03	4 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOZIER, WILLIAM I 19435 NW 43 AVE. MIAMI, FL 33055 B. 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 tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered agent, or both, in the State of Florida. I am tamillar with, and accidence of registered a	City & State		City & State				Applied F		<u> </u>	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired			
Name Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New Re	gistered Ag	ent	
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 agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE Signature. Nated or prefect agent and ideal applicable. (INDTE Registered Agent signature required require				-	Name		<u></u>			
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 accident explosions of registered agent. SIGNATURE Signature. Indeed or period name of registered agent and ode if appealable. (INDE: Registered Agent signature required agent and ode if appealable. (INDE: Registered Agent signature required agent and ode if appealable. (INDE: Registered Agent signature required agent and ode if appealable.) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing	19435 NW	43 AVE.			Street Addre	ss (P.O. Box Number	is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted agent. SIGNATURE Signature: S	,				City				Zip Coc	le
10.	FIL After M	E NOW!!! FEE IS \$150.00				\$5.00 May Be		-		
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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 my acdress, with a traiter like empowered.

NAME

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NAME

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WILLIAM DOZIER

☐ Change

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