

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90330 036 \*\*\*150.00

**DOCUMENT # P02000052989**

1. Entity Name  
**DODD-ROSS, INC.**



Principal Place of Business  
**2221 QUEEN PALM RD.  
BOCA RATON, FL 33432**

Mailing Address  
**C/O REDGRAVE & ROSENTHAL LLP  
120 E. PALMETTO PARK RD., SUITE 450  
BOCA RATON, FL 33432 US**

**50037915**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**75-3061120**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

8. Name and Address of Current Registered Agent

**ROSS, JEAN D  
2221 QUEEN PALM RD.  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **Redgrave & Rosenthal LLP**

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

**120 East Palmetto Park Road, Suite 450**

City

**Boca Raton**

**FL**

Zip Code  
**33432**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JEAN D 2221 QUEEN PALM RD. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, GRACE D 2221 QUEEN PALM RD. BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LYNN 14577 WAGGAMAN CIRCLE MC LEAN, VA 22101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lynn Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

040605

561.702.8536

Date

Daytime Phone #