


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90181 039 ***150.00

DOCUMENT # P02000068551		
1. Entity Name DOOLITTLE ROAD PARTNERS, INC.		

Principal Place of Business 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207
---	---

2. Principal Place of Business 10739 Deerwood Park Blvd.	3. Mailing Address 10739 Deerwood Park Blvd.
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32256	Zip 32256
Country USA	Country USA



03222005 Chg-P CR2E034 (10/03)

4. FEI Number 37-1433637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THAMES, RICHARD R 121 W. FORSYTH ST., STE. 600 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent 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: _____ (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. <input type="checkbox"/> \$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 RICHARDSON, JOHN B 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10739 Deerwood Park Blvd., Suite 103 Jacksonville, Florida 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, LADSON 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10739 Deerwood Park Blvd., Suite 103 Jacksonville, Florida 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBESTA, JIM 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10739 Deerwood Park Blvd., Suite 103 Jacksonville, Florida 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Ladson F. Montgomery* **Ladson F. Montgomery** 4-5-05 924 399-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #