


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90003 038 ***150.00

DOCUMENT # P02000068574

1. Entity Name
DORAL OF CLEARWATER, INC.



Principal Place of Business Mailing Address
612 BAYWAY BLVD **415 EAST ORANGE ST**
CLEARWATER, FL 33767 US **TARPON SPRINGS, FL 34689 US**

50025713



2. Principal Place of Business 3. Mailing Address
526 Athens St. **415 E Orange St**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Parking Facility

City & State City & State
Tarpon Springs FL **Tarpon Springs FL**

Zip Country Zip Country
34689 **Penney** **34689** **Penney**

08152006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
01-0711153 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Not Applicable

6. Name and Address of Current Registered Agent
FRANGOS, STEVE
415 E ORANGE ST
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Same.
 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: 
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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANGOS, STEVE 415 E ORANGE ST TARPON SPRINGS, FL 34689 <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	VD FRANGOS, STEFANOS 415 E ORANGE ST TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.

SIGNATURE:  **08/17/06 727 934208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #