

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078504

1. Entity Name
DOCSENGINE, INC.



Principal Place of Business
**940 CENTRE CIRCLE, STE 2020
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**940 CENTRE CIRCLE, STE 2020
ALTAMONTE SPRINGS, FL 32714**



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3058589	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

**WHITMIRE, DONALD
940 CENTRE CIRCLE, STE 2020
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACINNIS, RONALD
STREET ADDRESS	940 CENTRE CIRCLE, STE 2020
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	D
NAME	WHITMIRE, DONALD
STREET ADDRESS	940 CENTRE CIRCLE, STE 2020
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
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03/31/06-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 407-774-8321 x115
Date Daytime Phone