


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State -**

<b>DOCUMENT # P02000080406</b> 1. Entity Name R. M. DOSS, INC.	
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<b>Principal Place of Business</b> 331 N.E. 33RD AVENUE SUITE A GAINESVILLE, FL 32609 US	<b>Mailing Address</b> 331 N.E. 33RD AVENUE SUITE A GAINESVILLE, FL 32609 US
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**DO NOT WRITE IN THIS SPACE**

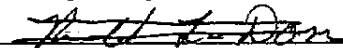


03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3861081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  DOSS, RONALD L 4128 N.W. 18TH DRIVE GAINESVILLE, FL 32605	<b>DO NOT WRITE IN THIS SPACE</b>
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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 	DATE 4-6-04
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000105720 04/07/04-80036-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOSS, RONALD L 4128 N.W. 18TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,S DOSS, RONALD L 4128 N.W. 18TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEUMEYER, JANICE 7073 PINE BAY BLVD. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,T NEUMEYER, JANICE 7073 PINE BAY BLVD. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  RONALD L DOSS	DATE 4-6-04	DAYTIME PHONE 352-377-6833
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		