

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000089434

1. Entity Name
THE DOUDNEY COMPANIES, INC.



FILED
04 OCT -4 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1496 SOUTHWIND DR.
CASSELBERRY, FL 32707

Mailing Address
1496 SOUTHWIND DR.
CASSELBERRY, FL 32707



09292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
200 EAST COMMERCIAL ST.
Suite, Apt. #, etc.
P.O. Box 266

3. Mailing Address
Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA
Zip
32771
Country
USA

City & State
SARASOTA, FLORIDA
Zip
32772-0266
Country
USA

4. FEI Number
35-2177690
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUDNEY, DAVID A
1496 SOUTHWIND DR.
CASSELBERRY, FL 32707

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOUDNEY, DAVID A
1496 SOUTHWIND DR.
CASSELBERRY, FL 32707 ☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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10/04/04--01041--013 **550.00 ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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: David A. Doudney DAVID A. DOUDNEY 22 SEPT. 04 407-322-1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #