

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126737**

1. Entity Name  
**DOGWOOD MOUNTAIN ESTATES, INC.**



Principal Place of Business  
**626 HEATHER STONE DRIVE  
MERRITT ISLAND, FL 32953**

Mailing Address  
**P. O. BOX 540234  
MERRITT ISLAND, FL 32954**

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0771165**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALSTON, TOMMY R  
626 HEATHER STONE DR.  
MERRITT ISLAND, FL 32953**

**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 \_\_\_\_\_

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  
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	ALSTON, TOMMY R
STREET ADDRESS	626 HEATHER STONE DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	ALSTON, O. BRUCE
STREET ADDRESS	238 CHANDLER AVENUE UNIT 101
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	ALSTON, JOAN W
STREET ADDRESS	626 HEATHER STONE DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524255  
05/03/06-80104-020 150.00

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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

Date

Daytime Phone #

9319