
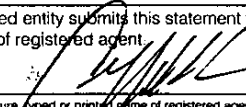


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 017 ***150.00

DOCUMENT # P02000128206					
1. Entity Name DOBBINS ENTERPRISES OF FLORIDA, INC.					
Principal Place of Business 1343 ROLLING RIDGE RD PALM HARBOR, FL 34683			Mailing Address 1343 ROLLING RIDGE RD PALM HARBOR, FL 34683		
2. Principal Place of Business 625 Palm Harbor Blvd		3. Mailing Address 625 Palm Harbor Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		4. FEI Number 85-6485861	
Zip 34683		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBBINS, CARL J. 1343 ROLLING RIDGE RD PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Dobbins Carl J. Street Address (P.O. Box Number is Not Acceptable) 5606 Wesson Rd. City New Port Richey FL Zip Code 34655		
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  CARL J. Dobbins CEO DATE 5/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DOBBINS, PATRICIA C 1343 ROLLING RIDGE RD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dobbins, Patricia C 5606 Wesson Rd New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBBINS, CARL J 1343 ROLLING RIDGE RD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dobbins, Carl J. 5606 Wesson Rd. New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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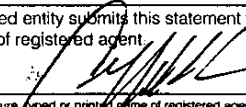


05092005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name **Dobbins Carl J.**
Street Address (P.O. Box Number is Not Acceptable)
5606 Wesson Rd.
City **New Port Richey** FL Zip Code **34655**

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  **CARL J. Dobbins CEO** DATE **5/9/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	D DOBBINS, PATRICIA C 1343 ROLLING RIDGE RD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dobbins, Patricia C 5606 Wesson Rd New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

 **CEO**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/05
Date

727-772-9646
Daytime Phone #