

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90397 046 ***150.00

DOCUMENT # P02000131131

1. Entity Name

FRANK DORTHY, INC.



Principal Place of Business

26610 SOUTHERN PINES DRIVE
BONITA SPRINGS FL 34135

Mailing Address

26610 SOUTHERN PINES DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

2112 SUNSHINE BLVD APT A

3. Mailing Address

2112 SUNSHINE BLVD APT A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES FL

Zip

34116

Country

USA

Zip

34116

Country

USA

4. FEI Number

57-1141231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DORTHY, FRANK L	
STREET ADDRESS	26610 SOUTHERN PINES DRIVE	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DORTHY, MARY R	
STREET ADDRESS	26610 SOUTHERN PINES DRIVE	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORTHY, FRANK L.	
STREET ADDRESS	2112 SUNSHINE BLVD APT. A	
CITY - ST - ZIP	NAPLES, FL 34116	
TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY, R DORTHY	
STREET ADDRESS	2112 SUNSHINE BLVD APT A	
CITY - ST - ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Mary Dorthy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-354-2745