200 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

•	ANNUAL R	EPC	PRT-(AR)							
DOCUMENT # P02000131131 1. Entity Name								FILE	٦	
FRANK DORTHY, INC.										
ĺ				\			U6 MAY	16 PM	5: 08	
Principal Plac	e of Business	Mailir	ng Address				SECRET	ARY OF	STATE:	
	2 SUNSHINE BLVD., APT A 2112 SUNSHINE BLVD., APT PLES FL 34116 NAPLES FL 34116					1.181	TALLAH,	ARY OF	LORION	**** II IABI
2. Principal E	Place of Business				ERESE IN BENED NEW ORING BE	}		F [12] (11]		
			BOX 165							
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.			15	st MOORE	CR2E034	(10/04)	
NADLES FL E			ity & State ERGLADES City, FL			4. FEI Number 57-1141231 Applied For Not Applicable				
3410	9 Country FR	スゴp		Country	ER	5. Certificate	e of Status Desired	Ø	\$8.75 Add	
	6. Name and Address of Current I	Register	ed Agent			7. Name an	d Address of New	Registered	Agent	
SPIEGEL & UTRERA, P.A.										
1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOOR MIAMI FL 33145										
				C	ity			FL	Zip Code	e
	named entity submits this statement for	the purp	oose of changing its reg	gistered o	ffice or register	ed agent, or bo	oth, in the State of F		familiar with,	and accept
the obligat	tions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd litte if ap	plicable (NOTE Re	gislered Age	int signatule required	when reinstating)		DATE		
F	ILE NOW!!! FEE IS \$150.00				·		A. Flootier Ca-		¢E	00
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Cam Trust Fund Co			00 May Be ed to Fees
10.	OFFICERS AND I	DIRECTO		11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	DPT DORTHY, FRANK L		☐ Delete	TITLE NAME		10	_/		Change	Addition
STREET ADDRESS	2112 SUNSHINE BLVD., APT A			STREET A		(K)2	128	•		
CITY-ST-ZIP	NAPLES FL 34116 DVS		<u> </u>	CITY-ST-	Z1P					
TITLE NAME	DORTHY, MARY R		☐ Delete	NAME		ι,			Change	Addition
	2112 SUNSHINE BLVD., APT A			STREET AD					•	,
CITY-ST-ZIP	NAPLES FL 34116		☐ Delete	CITY-ST-	ZIP				Change	Addition
NAME -			C Delete	NAME		70	ነበበንሮን) 1 7 7 7 7 1 (. = :	
STREET ADDRESS CITY-ST-ZIP				STREET AL		05/25	0 <mark>0075</mark> 2 70601005	024	**158.7	5
TITLE			Defete	TITLE	ZIF				☐ Change	Addition
NAME			C1 Detete	NAME					C) Ollarige	
STREET ADDRESS				STREET AC						
CITY-ST-ZIP				CITY-S1-	ZIP					
TITLE NAME			☐ Delete	TITLE NAME					Change	Addition .
STREET ADDRESS				STREET AC	ODRESS					
CITY-ST-ZIP				CITY-ST-	ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			,	NAME Street ad	DDRESS					
CITY-ST-ZIP				CITY-ST-						
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing	does not qualify for the accurate and that my	e exempt signature	ion stated in Se shall have the	ction 119.07(3 same legal effe)(i), Florida Statutes ct as if made unde	. I further ce r oath; that I	rtify that the in	nformation or director

Indicated on this report of supplementar report 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:

MAN DORTHY DVS #-//-06 239-280-9/25

Baginature shall nave the same legal effect as it made under oam; that it 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:

Date Date Phone #