

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 009 ***158.75

DOCUMENT # P02000131131

1. Entity Name

FRANK DORTHY, INC.



Principal Place of Business

1062 COCONUT CIRCLE W
NAPLES FL 34109

Mailing Address

P.O. BOX 165
EVERGLADES CITY FL 34139



2. Principal Place of Business - No P.O. Box #

173 ANDREALANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 165

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

NAPLES FL

City & State

EVERGLADES CITY FL

Zip

34114

Country

Collier

Zip

34139

Country

Collier

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, 2007 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
NAME
STREET ADDRESS
CITY ST ZIP
DPT
DORTHY, FRANK L
2112 SUNSHINE BLVD., APT A
NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DVS
DORTHY, MARY R
2112 SUNSHINE BLVD., APT A
NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY ST ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARY DORTHY DVS, Mary Dorthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 239-280-9125

Date

Daytime Phone #