

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000000012**

1. Entity Name  
**DOZIER PROPERTIES, INC.**



Principal Place of Business  
**5651 COUNTRY SQUIRE DR.  
MILTON, FL 32570**

Mailing Address  
**5651 COUNTRY SQUIRE DR.  
MILTON, FL 32570**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1669984**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**DUCKER, JO ANN  
5651 COUNTRY SQUIRE DR.  
MILTON, FL 32570**

**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, 2007 Fee will be \$550.00**

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  
**D  
DUCKER, JO ANN  
5651 COUNTRY SQUIRE DR.  
MILTON, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SPIVEY, JACKIE L  
1095 SPIVEY RD.  
GRAND RIDGE, FL 32442**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DOZIER, COY R JR.  
1080 ST. ROSE RD.  
GRAND RIDGE, FL 32442**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000579854  
01/10/07-80028-001 150.00

**DO NOT WRITE  
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:**

*Jo Ann Ducker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-05-07*

Date

Daytime Phone #