## 2006 FOR PROFIT CORPORATION

DOCUMENT # P03000018564 1. Entity Name JOHN ARCHER DOUGHERTY, INC.

Principal Place of Business

Mailing Address

10645 PINE ISLAND DR. PINE ISLAND, FL 34607 10645 PINE ISLAND DR. PINE ISLAND, FL 34607

## **FILED** Apr 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 05-0555627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, JOHN A 10645 PINE ISLAND DR. PINE ISLAND, FL 34607 DO NOT WRITE IN THIS SPACE

i						
8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	ed affice or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, as	nd accep
SIGNATURE.				_	7,	
0.0,0,0,0	Signature, typed or printed name of registered egent and titls to	applicable (NOTE Registered	i Agent signature	required when reinstating)	DATE	
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	1	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D DOUGHERTY, JOHN A 10645 PINE ISLAND DR. PINE ISLAND, FL 34607	:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000506018 04/27/06-80006-010 150	.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE HAME STREET ADDRESS CITY-SI-ZIP				IN T	THIS SPACE	
name Street Address City-St-Zip					-	
TITLE NAME STREET ADDRESS CITY-ST-24P					:	
12. I hereby coindicated of the corp changed,	ertify that the information supplied with this fill on this report or supplemental report is true a ocration or the receiver or trustee empowered or on an atlachment with argadress, with all	ng does not qualify for the exer no accurate and that my signatu to execute this report as require other like empowered.	nptions con ire shall have ad by Chapt	tained in Chapter 11 <b>9,</b> e the same legal effect er 607, Florida Statutes	Florida Statutes. I further certify that the Info t as if made under oath; that I am an officer or s; and that my name appears in Block 10 or Bl	mation director lock 11 if

NING OFFICER OR DIRECTOR