


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90546 006 ***150.00

DOCUMENT # P03000035243	
1. Entity Name DOCBIZ, INC.	

Principal Place of Business 1218 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937-4123 US	Mailing Address 1218 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937-4123 US
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14014033



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-6725598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHEATLEY, CAROL D 1218 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937-4123
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**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 file if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P POTOCHNY, NICHOLAS S DO 3110 ATOCHA LANE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEATLEY, CAROL D 1218 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 329374123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, 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 without other like empowered.

SIGNATURE:

[Signature]
VP
Carol Drake Wheatley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

321-626-4483

Daytime Phone #