


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90028 007 ***150.00

DOCUMENT # P03000048312 1. Entity Name DOSS & SON, INC			
Principal Place of Business 1907 N.E. SECOND STREET, #2 DEERFIELD BEACH, FL 33441 US PO Box 771162 CORAL		Mailing Address 1907 N.E. SECOND STREET, #2 DEERFIELD BEACH, FL 33441 US	
2. Principal Place of Business PO Box 771162 Suite, Apt. #, etc.		3. Mailing Address PO Box 771162 Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL Zip 33077-1162 Country USA		City & State CORAL SPRINGS, FL Zip 33077-1162 Country USA	
4. FEI Number 14-1882984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOSSMAN, SANDRA M 3480 BANKS RD #207 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name SANDRA M DOSSMAN Street Address (P.O. Box Number is Not Acceptable) 9524 - EVERGLADES PARK LANE City BOCA RATON FL Zip Code 33498	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOSSMAN, SANDRA M 3480 BANKS RD #207 MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DOSSMAN, SANDRA M PO Box 771162 CORAL SPRINGS, FL 33077-1162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Sandra Dossman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-31-05 954-326-8758 <small>Date Daytime Phone #</small>	