

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90013 043 ***150.00

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1. Entity Name

DOCTOR'S TOY STORE, INC.



Principal Place of Business

124 NE 1ST AVE
HALLANDALE, FL 33009 US

Mailing Address

124 NE 1ST AVE
HALLANDALE, FL 33009 US

50001808



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number

81-0626514

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

RAYMOND, ROBERT H
124 NE 1ST AVE
HALLANDALE, FL 33009

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RAYMOND, ROBERT H
STREET ADDRESS 124 NE 1ST AVE
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE VP
NAME HODDE, MIKE
STREET ADDRESS 1388 GALLINULE CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H Raymond

02/15/06 954-457-0075

Date

Daytime Phone #