

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90091 034 ***150.00

DOCUMENT # P03000117404					
1. Entity Name DOYAL VANDIVER, INC.					
Principal Place of Business 213 ARBUCKLE CREEK RD LORIDA, FL 33857			Mailing Address PO BOX 132 LORIDA, FL 33857		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 55-0851865	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANDIVER, SOYAL 213 ARBUCKLE CREEK RD PO BOX 132 LORIDA, FL 33857				7. Name and Address of New Registered Agent Name: DOYAL VANDIVER Street Address (P.O. Box Number is Not Acceptable): 213 Arbutle Creek Rd PO Box 132 City: Lorida FL Zip Code: 33857	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	DPS VANDIVER, DOYAL 213 ARBUCKLE CREEK RD LORIDA, FL 33857	<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: <i>Doyal Vandiver</i>		Date: 2/4/05		Daytime Phone #: 863-6559489	

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01212005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDIVER, SOYAL
213 ARBUCKLE CREEK RD
PO BOX 132
LORIDA, FL 33857

Name: **DOYAL VANDIVER**
Street Address (P.O. Box Number is Not Acceptable): **213 Arbutle Creek Rd**
PO Box 132
City: **Lorida** **FL** Zip Code: **33857**

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FILE NOW!!! FEE IS \$150.00
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
DPS
VANDIVER, DOYAL
213 ARBUCKLE CREEK RD
LORIDA, FL 33857

☐ Delete

TITLE
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SIGNATURE: *Doyal Vandiver* Date: **2/4/05** Daytime Phone #: **863-6559489**