
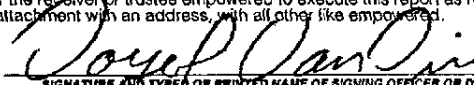
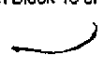


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VANDIVER, DOYAL 213 ARBUCKLE CREEK ROAD PO BOX 132 LORIDA, FL 33857		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when restateing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		1100000417238 02/13/06-80046-012 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS VANDIVER, DOYAL 213 ARBUCKLE CREEK RD LORIDA, FL 33857	DO NOT WRITE IN THIS SPACE
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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 all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/30/06 <small>Date</small>  <small>Daytime Phone #</small>