

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90083 030 ***150.00

DOCUMENT # P04000016584

1. Entity Name
MICHAEL DORETY & ASSOCIATES, INC



Principal Place of Business
**1963 ROLLING GREEN CIRCLE
SARASOTA, FL 34240**

Mailing Address
**1963 ROLLING GREEN CIRCLE
SARASOTA, FL 34240**

4000000000



04042006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0623155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDRA K PRIDEMORE PA
229 TAMiami TRAIL S, SUITE 1
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name **PRIDEMORE + Associates CPA's PA**
Street Address (P.O. Box Number is Not Acceptable)
229 TAMiami TRAIL S, Suite 1
City **Venice** FL Zip Code **34285**

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 *Sandra K. Pridemore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DORETY, MICHAEL F**
STREET ADDRESS **1963 ROLLING GREEN CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DORETY, CAROL J**
STREET ADDRESS **1963 ROLLING GREEN CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Dorety

4/15/06

Date

941-488-5110

Daytime Phone #