2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 12, 2005 8:00 am **Secretary of State**

01-12-2005 90011 003 ***150.00

DOCUMENT # P04000033135 DOT SUPPLY CO., INC. **2000168**0 Mailing Address Principal Place of Business 1993 COUNTY ROAD 1 1993 COUNTY ROAD 1 DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 CR2E034 (10/03) Chg-P 4. FEI Number 20-114322 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORTHINGTON, TERRY L Street Address (P.O. Box Number is Not Acceptable) 6353 MILLSTONE DR NEW PORT RICHEY, FL 34655 City Zip Code FL 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIF D □ Delete TATLE ☐ Change ☐ Addition WORTHINGTON, TERRY L NAME NAME STREET ADDRESS 6353 MILLSTONE DR STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-7IP CITY-ST-7IP TITLE TITLE ■ Addition Delete ☐ Change DONATI, WILLIAM C NAME NAME STREET ADDRESS 1993 COUNTY ROAD 1 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 peoptr is the 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 attackment with an address with all other like empowered.

SIGNATURE: /

Worthington President 1/7/05