


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000055999 1. Entity Name DUBSON ENTERPRISES, INC.	
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Principal Place of Business 209 SCOTT AVE LEHIGH ACRES, FL 33972	Mailing Address 209 SCOTT AVE LEHIGH ACRES, FL 33972
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0946675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUBSON, MADDONNA 209 SCOTT AVE LEHIGH ACRES, FL 33972
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**DO NOT WRITE
IN THIS SPACE**

3. 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: Maddonna Dubson MADDONNA DUBSON Secretary 1-25-06
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 NAME STREET ADDRESS CITY-ST-ZIP	PT DUBSON, ALVIN L 209 SCOTT AVE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DUBSON, MADONNA 209 SCOTT AVE LEHIGH ACRES, FL 33972
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02/02/06-R0025-018 150.00

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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: Maddonna Dubson MADDONNA DUBSON Secretary 1-25-06 239 369 2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #