

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000102066 1. Entity Name CP DOODY CONSTRUCTION, INC.	
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Principal Place of Business 1941 20TH AVE NE NAPLES, FL 34120	Mailing Address 1941 20TH AVE NE NAPLES, FL 34120
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01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0544740	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DOODY, CHRISTOPHER 1941 20TH AVE NE NAPLES, FL 34120	

**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 _____ (NOTE: Registered Agent signature required when resigning) 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

000000401832
02/02/06-80060-022 158.75

10. OFFICERS AND DIRECTORS		
TITLE	DP	
NAME	DOODY, CHRISTOPHER P	
STREET ADDRESS	1941 20TH AVE NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	S	
NAME	DOODY, PATRICIA L	
STREET ADDRESS	1941 20TH AVE NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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

1/23/06

(939) 404 5662