2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 24, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000113425 1. Emity Name DOC'S FORT, INC. Principal Place of Business Mailing Address 1774 9TH ST. 1774 9TH ST. SARASOTA, FL 34236 SARASOTA, FL 34236 No Chp-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-1633501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired K Fee Required 6. Name and Address of Current Registered Agent SHELL, JERRY B ESQ. DO NOT WRITE 2404 13TH ST. W., #7 BRADENTON, FL 34205 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE NAME AUSTIN, LEE STREET ADDRESS 1774 9TH ST. SARASOTA, FL 34236 CITY-ST-ZIP STD TITLE U00000399756 02/01/06-80026-001 158.75 AUSTIN, NANCY J NAME STREET ADDRESS 1774 9TH ST. CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 807, 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 AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED