

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000146067

1. Entity Name
DOYLE WOMACK ENTERPRISES, INC.



FILED

05 SEP 16 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142005 Chg-P CR2E034 (10/03)

Principal Place of Business 906 LAKE MINNEOLA DR MINNEOLA, FL 34715		Mailing Address 906 LAKE MINNEOLA DR MINNEOLA, FL 34715	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JERNIGAN, PATTI-JO 963 40TH STREET CLERMONT, FL 34711 836 W. Montrose St Ste 1		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-05

**FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMACK, DOYLE H 906 LAKE MINNEOLA DR MINNEOLA, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000597810 Change <input type="checkbox"/> Addition <input type="checkbox"/> 09/20/05-01054-002 ***150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

9-13-05