

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000161189

1. Entity Name

DAUGHTREY ROAD SHOPPING CENTER PARTNERS,
INC.



Principal Place of Business

4915 SOUTHFORK DRIVE
LAKELAND, FL 33813

Mailing Address

4915 SOUTHFORK DRIVE
LAKELAND, FL 33813



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1938144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, DALE G
4915 SOUTHFORK DRIVE
LAKELAND, FL 33813

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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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME JACOBS, DALE G
STREET ADDRESS 4915 SOUTHFORK DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VS
NAME BULL, WILLIAM B
STREET ADDRESS 4915 SOUTHFORK DRIVE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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05/22/07-80071-004 150.00

**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:

William Bull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

8636079583

Daytime Phone #