

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90115 010 ***150.00

DOCUMENT # P05000004085

1. Entity Name
DOTSON & WIFE, INC.



Principal Place of Business

1011 SE 12TH CT
UNIT A
CAPE CORAL, FL 33990 US

Mailing Address

PO BOX 150933
CAPE CORAL, FL 33915 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

Chg-P

CR2E034 (12/06)

4. FEI Number
32-0137804

Applied For:
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOTSON, DEANE A
1226 SE 5TH TERRACE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name
DEANE A. DOTSON

Street Address (P.O. Box Number is Not Acceptable)

1011 SE 12TH CT UNIT A

City
CAPE CORAL

FL

Zip Code
33990

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

4/15/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **DOTSON, ELIZABETH A**
STREET ADDRESS **1226 SE 5TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **VP** ☐ Delete
NAME **DOTSON, DEANE A**
STREET ADDRESS **1226 SW 5TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **AVP** ☐ Delete
NAME **DOTSON, BRADLEY T**
STREET ADDRESS **1226 SW 5TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **ST** ☐ Delete
NAME **DOTSON, JOHN T**
STREET ADDRESS **1226 SW 5TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **CFO** ☐ Delete
NAME **MICHELE DOTSON**
STREET ADDRESS **1226**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1226 SE 5TH TER**
STREET ADDRESS **CAPE CORAL, FL 33990**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1226 SE 5TH TER**
STREET ADDRESS **CAPE CORAL, FL 33990**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1226 SE 5TH TER**
STREET ADDRESS **CAPE CORAL, FL 33990**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CFO**
STREET ADDRESS **MICHELE R. DOTSON**
CITY-ST-ZIP **1226 SE 5TH TER**
CAPE CORAL, FL 33990

TITLE ☐ Change ☐ Addition
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 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

4/15/08

239-573-8261

Date

Daytime Phone #