

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90212 012 ***150.00

DOCUMENT # P05000020458

1. Entity Name
ITZA DOODLE, INC.



Principal Place of Business Mailing Address
135 PARSONS ROAD - ITZA Doodle Inc. 135 PARSONS ROAD
LONGWOOD, FL 32770 LONGWOOD, FL 32770
10810 72nd St N
Largo, FL 33777

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00052865



01262006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2500494 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUCKOLS, CARDWELL C PHD
135 PARSONS ROAD
LONGWOOD, FL 32770
CHARLES BROES
7029 PELICAN ISLAND DR.
Tampa, FL 33634

Name Charles BROES
Street Address (P.O. Box Number is Not Acceptable)
7029 PELICAN ISLAND DR.
City Tampa FL Zip Code 33634

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/06

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NUCKOLS, CARDWELL C	
STREET ADDRESS	135 PARSONS ROAD	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROES, CHARLES	
STREET ADDRESS	7029 PELICAN ISLAND DR.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, JANN	
STREET ADDRESS	104500 OVERSEA HIGHWAY	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROES, TINA	
STREET ADDRESS	7000 17TH ST N	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles Broes
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles C. Nuckols, PhD, Director

Date

Daytime Phone #

813-785-2000

4/17/06