2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P05000025120 02-17-2006 90071 027 ***150.00 1. Entity Name DOOLEY'S SPIRITS, INC. Principal Place of Business Mailing Address **PRODATIO** 8711 W HWY 40 8711 W HWY 40 **OCALA FL 34482** OCALA FL 34482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) 1. FEI Number 20-2353 789 City & State City & State Applied For Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8711 W HWY 40 **OCALA FL 34482** 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 (NOTE: Registered Agent signature inquired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 -: Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detate TITLE ■ Addition NAME WALA, ROBERT MAME STREET ADDRESS 8711 W HWY 40 STREET ADDRESS OCALA FL 34482 CITY-ST-ZIP CHY-SI-ZP TITLE Defete IME ☐ Channe ☐ Addition NAME WALLA, BARBARA NAME STREET ADDRESS 8711 W HWY 40 STREET ADDRESS CITY-ST-ZIP OCALA FL 34482 CITY-ST-ZIP TITLE ☐ Delete 1th F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-769 TITLE ■ Addition ☐ Delete nne ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attaching it with an address, with all other like empowered.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2006

DOOLEY"S SPIRITS, INC. 8711 W HWY 40 OCALA, FL 34482

Subject: DOOLEY"S SPIRITS, INC.

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a

copy is being returned for the following correction(s):

P05000025120

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al ANNUAL REPORTS SECTION