

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90196 015 ***150.00

DOCUMENT # P05000049595

1. Entity Name
DOLITTLE ENTERPRISES INC.



Principal Place of Business
**11233 73 RD AVENUE N.
SEMINOLE, FL 33772**

Mailing Address
**11233 73 RD AVENUE N.
SEMINOLE, FL 33772**

40055212



2. Principal Place of Business
7669 Starkey Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01302006 Chg-P CR2E034 (11/05)

City & State
Seminole, FL

City & State

4. FEI Number
65-1249182

Applied For
Not Applicable

Zip
33777

Country
Pinellas

Zip

Country

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

**MANSBART, DONNA M
11233 73 RD AVENUE N.
SEMINOLE, FL 33772**

Name

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

City

FL

Zip Code

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, 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 ☐ Delete
NAME **P**
STREET ADDRESS **MANSBART, DONNA M**
CITY - ST - ZIP **11233 73 RD AVENUE N.
SEMINOLE, FL 33772**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Donna Mansbart
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/12/06 **(727) 455-6263**
Date Daytime Phone #