


FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # POS000079046	
1. Entity Name Dodads, Inc.	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 208 Center Rd Venice FL	3. Mailing Address 208 Center Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State Venice FL	City & State Venice FL
Zip 34285	Country USA

4. FEI Number 200298889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name Carl F. White	
Street Address (P.O. Box Number is Not Acceptable) 208 Center Rd	
City Venice	FL Zip Code 34285

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-instating)	DATE _____
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: carlwhite@hotmail.com E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Carl F. White 208 Center Rd Venice FL 34285
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.		
SIGNATURE: Carl F. White	DATE: 7/14/11	Daytime Phone #: 941-266-3743
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

1/19/12