

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90207 005 ***150.00

60030872



04102006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2982631** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DORRITIE, ROBERT
15143 STERLING OAKS DR
NAPLES, FL 34110

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
837 95TH AVE N
City **NAPLES** FL Zip Code **34108**

DOCUMENT # P05000083857

1. Entity Name
DO-RITE SERVICES INC



Principal Place of Business
15143 STERLING OAKS DR
NAPLES, FL 34110

Mailing Address
15143 STERLING OAKS DR
NAPLES, FL 34110

2. Principal Place of Business
837 95TH AVE N
Suite, Apt. #, etc.

3. Mailing Address
837 95TH AVE N
Suite, Apt. #, etc.

City & State
NAPLES FL 34108

City & State
NAPLES FL 34108

Zip **34108** Country

Zip **34108** Country

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 *Robert Dorritie*
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D
DORRITIE, ROBERT
15143 STERLING OAKS DR
NAPLES, FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

837 95TH AVE N
NAPLES FL 34108

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Robert Dorritie* **06/25/06**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #