

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142003

Entity Name: DWELLING DOCTOR, INC

FILED  
Jul 07, 2008  
Secretary of State

## Current Principal Place of Business:

3246 FORDHAM PKWY  
GULF BREEZE, FL 32563

## New Principal Place of Business:

2813 OAK RIDGE DRIVE  
GULF BREEZE, FL 32563

## Current Mailing Address:

3246 FORDHAM PKWY  
GULF BREEZE, FL 32563

## New Mailing Address:

2813 OAK RIDGE DRIVE  
GULF BREEZE, FL 32563

FEI Number: 20-3654935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIPPARD, KAREN C  
3246 FORDHAM PKWY  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

HIPPARD, KAREN C  
2813 OAK RIDGE DRIVE  
GULF BREEZE, FL 32563 US

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.

SIGNATURE:

07/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HIPPARD, KAREN C  
Address: 3246 FORDHAM PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: HIPPARD, SCOTT M  
Address: 3246 FORDHAM PKWY  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HIPPARD, KAREN C  
Address: 2813 OAK RIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change ( ) Addition  
Name: HIPPARD, SCOTT M  
Address: 2813 OAK RIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M. HIPPARD

VP

07/07/2008

Electronic Signature of Signing Officer or Director

Date