

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000121405

1. Entity Name
DOTSON & SONS, INC.



Principal Place of Business
1014 DELPRADO BLVD
CAPE CORAL, FL 33990 US

Mailing Address
PO BOX 1509333
CAPE CORAL, FL 3915 US



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5618125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOTSON, DEANE
1014 DEL PRADO BLVD
CAPE CORAL, FL 33990

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000307154
05/05/08-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOTSON, ELIZABETH A
STREET ADDRESS 1014 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D
NAME DOTSON, DEANE
STREET ADDRESS 1014 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ST
NAME DOTSON, J TYSON
STREET ADDRESS 1014 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D
NAME DOTSON, BRADLEY T
STREET ADDRESS 1014 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE CFO
NAME DOTSON, MICHELE R
STREET ADDRESS 1014 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

239-242-0113

Daytime Phone #