

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P35018

1. Entity Name

DORLY ENTERPRISES LIMITED, INC.



**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
2351 WOKING CRESENT  
MISSISSAUGA, ONTARIO L5K 1Z5 CAN.

Mailing Address  
2351 WOKING CRESENT  
MISSISSAUGA, ONTARIO L5K 1Z5 CAN.

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3033254

Applied For

Not Applicable

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

GRAHAM, PETER D.  
5200 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PCD  
HADDAD, RAJAH K.  
2351 WOKING CRESENT  
MISSISSAUGA, ONTARIO

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

U00000824221  
02/20/08-80068-023 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STD  
HADDAD, MARY M.  
2351 WOKING CRESENT  
MISSISSAUGA, ONTARIO

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Delete

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NAME  
STREET ADDRESS  
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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 Section 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:

R. K. HADDAD

FEB. 1, 2008

905-822-6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #