
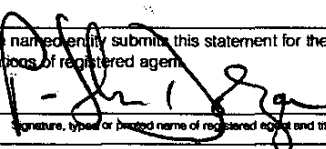
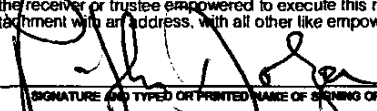


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90264 004 ***150.00

DOCUMENT # P92000005420			
1. Entity Name DOLEZAR CONSTRUCTION, INC.			
Principal Place of Business 806 S. HUGHEY AVE ORLANDO, FL 32801		Mailing Address 806 S. HUGHEY AVE ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 51 Remington Rd Suite, Apt. #, etc.		3. Mailing Address 51 Remington Rd Suite, Apt. #, etc.	
City & State OAKLAND, FL		City & State OAKLAND FL	
Zip 34787	Country U.S.A.	Zip 34787	Country U.S.A.
6. Name and Address of Current Registered Agent DOLEZAR, P. JOHN 806 S. HUGHEY AVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Dolezar, P. John Street Address (P.O. Box Number is Not Acceptable) 51 Remington Rd City OAKLAND FL Zip Code 34787	
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  DATE 4/20/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD DOLEZAR, P. JOHN 806 S. HUGHEY AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 51 Remington Rd OAKLAND, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/20/07 Daytime Phone # 407-905-9092	

