2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2005 08:00 AM **Secretary of State** DOCUMENT # P93000049323 DOUGLIN MANAGEMENT CORPORATION Mailing Address Principal Place of Business 202 PLUMOSA ROAD 202 PLUMOSA ROAD DEBARY, FL 32713 DEBARY, FL 32713 No Chg-P 02232005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3192181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADE, ELEANOR B DO NOT WRITE 202 PLUMOSA ROAD **DEBARY, FL 32713** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstating) 9, Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000276984 П Trust Fund Contribution. Added to Fees <u> 26705-80011-009</u> OFFICERS AND DIRECTORS 10. PD TITLE ADE, ELEANOR B NAME STREET ADDRESS 202 PLUMOSA ROAD CITY-ST-ZIP DEBARY, FL 32713 TITLE NAME STREET ADDRESS CITY+ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

NAME STREET ADDRESS CITY - ST - ZIP THLE NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date