

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 006 ***150.00

DOCUMENT # P93000080918

1. Entity Name
DOUGLAS PROPERTIES OF NW FL, INC.



Principal Place of Business
2804 SEQUOYAH DR.
HAINES CITY, FL 33844 US

Mailing Address
2804 SEQUOYAH DR.
HAINES CITY, FL 33844 US

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

3. Mailing Address
65 Oak St.

Suite, Apt. #, etc. BHR

Suite, Apt. #, etc. BHR

City & State
Okeechobee, FL

City & State
Okeechobee, FL

Zip 34974 Country USA

Zip 34974 Country USA



04102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3213992 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, TERRY D
2804 SEQUOYAH DR.
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
65 Oak St. BHR
City Okeechobee FL Zip Code 34974

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, TERRY D	
STREET ADDRESS	2804 SEQUOYAH DR.	
CITY - ST - ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, BARBARA J	
STREET ADDRESS	2804 SEQUOYAH DR.	
CITY - ST - ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Terry D	
STREET ADDRESS	65 Oak St. BHR.	
CITY - ST - ZIP	Okeechobee, FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Barbara J.	
STREET ADDRESS	65 Oak St. BHR	
CITY - ST - ZIP	Okeechobee, FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Barbara J. Douglas Barbara J. Douglas 4-21-08 (863) 763-4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #