

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030587

FILED
Jan 05, 2004
Secretary of State

Entity Name: DORAL WOODS MANAGEMENT INC.

Current Principal Place of Business:

22 WEST MONUMENT AVE
SUITE 13
KISSIMMEE, FL 34741

New Principal Place of Business:

4499 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

Current Mailing Address:

P.O. BOX 421871
KISSIMMEE, FL 347421871

New Mailing Address:

FEI Number: 59-3254790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLINGSWORTH, JOHN B
2912 ELDIENTE WAY
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLINGSWORTH, JOHN B
Address: 2912 ELDIENTE WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: CS () Delete
Name: HOLLINGSWORTH, IRENE
Address: 2912 ELDIENTE WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: HOLLINGSWORTH, JOHN B JR
Address: 1720 OSPREY AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLLINGSWORTH, JOHN B JR
Address: 1707 BEATRICE DR
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BRIAN HOLLINGSWORTH

MR.

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date