FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000074444

1. Entity Name
DOC MASTERS, INC.

Principal Place of Business	Mailing Address
DOC MASTERS, INC 32431 MABEL LANE LEESBURG, FL 34788-3941 US	DOC MASTERS, INC 32431 MABEL LANE LEESBURG, FL 34788-3941 US

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3285620

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOTEEN, MARK A
3100 CLAY AVENUE
SUITE 177
ORLANDO, FL 32804

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000132780
04/27/04-80060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FORSTER, RUDOLF R
STREET ADDRESS	32431 MABEL LN.
CITY-ST-ZIP	LEESBURG, FL 347883941
TITLE	SVD
NAME	FORSTER, MARYANN
STREET ADDRESS	32431 MABEL LN.
CITY-ST-ZIP	LEESBURG, FL 347883941
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Maryann Forster MARYANN FORSTER 4/23/04 (CK.#2211)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #