

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90080 027 ***150.00

DOCUMENT # P94000074444					
1. Entity Name DOC MASTERS, INC.					
Principal Place of Business DOC MASTERS, INC 32431 MABEL LANE LEESBURG, FL 34788-3941 US			Mailing Address DOC MASTERS, INC 32431 MABEL LANE LEESBURG, FL 34788-3941 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KOTEN, MARK A 3100 CLAY AVENUE SUITE 177 ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name <u>RUDOLF FORSTER</u> Street Address (P.O. Box Number is Not Acceptable) <u>32431 MABEL LANE</u> City <u>LEESBURG</u> <u>FL</u> Zip Code <u>34788</u>	
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: <u>Rudolf Forster</u> 3/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSTER, RUDOLF R		NAME		
STREET ADDRESS	32431 MABEL LN.		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 347883941		CITY-ST-ZIP		
TITLE	SVD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSTER, MARYANN		NAME		
STREET ADDRESS	32431 MABEL LN.		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 347883941		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rudolf Forster</u> <u>RUDOLF FORSTER</u>			<u>3/5/05</u> <u>3523601779</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		