

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90011 045 \*\*\*150.00

**DOCUMENT # P95000034357**

1. Entity Name

**DORIS EAVES REALTY, INC.**



Principal Place of Business

**2441 BUCKNELL DRIVE  
VALRICO FL 33594**

Mailing Address

**2441 BUCKNELL DR.  
VALRICO FL 33594  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*Hillsborough*



1st MOORE

CR2E034 (10/04)

4. FEI Number

**59-3313519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EAVES, DORIS  
2441 BUCKNELL DRIVE  
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

**Alfred C. EAVES**

Street Address (P.O. Box Number is Not Acceptable)

**2441 Bucknell Dr.**

City Valrico

**FL**

Zip Code  
**33594**

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]*

(Signature of officer or director of the corporation or registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

**March 22 - 2005**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME EAVES, DORIS L  
STREET ADDRESS 2441 BUCKNELL DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE SDT ☐ Delete  
NAME EAVES, ALFRED C  
STREET ADDRESS 2441 BUCKNELL DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **DORIS EAVES, PRES 3-22-05(813) 1654-0110**

Date

Daytime Phone #