
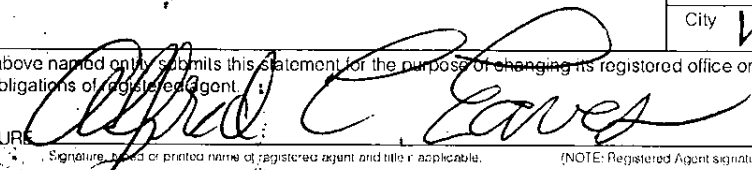


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90012 016 ***150.00

DOCUMENT # P95000034357			
1. Entity Name DORIS EAVES REALTY, INC.			
Principal Place of Business 2441 BUCKNELL DR VALRICO FL 33594		Mailing Address 2441 BUCKNELL DR VALRICO FL 33594 US	
2. Principal Place of Business - No P.O. Box # 2441 BUCKNELL DRIVE		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VALRICO, FLORIDA		City & State SAME	
Zip 33594	Country HILLSBOROUGH	Zip SAME	Country SAME
6. Name and Address of Current Registered Agent EAVES, ALFRED C 2441 BUCKNELL DR VALRICO FL 33594		7. Name and Address of New Registered Agent Name ALFRED C. EAVES Street Address (Box Number is Not Acceptable) 2441 BUCKNELL DRIVE City VALRICO FL 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 		DATE 4-19-2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	PD EAVES, DORIS C 2441 BUCKNELL DRIVE VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - MARKHAM R. EAVES 720 DEW BLOOM ROAD BRANDON, FLA. 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT EAVES, ALFRED C 2441 BUCKNELL DRIVE VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **DORIS L. EAVES** 4-19-2007 (813) 654-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #