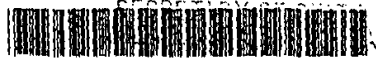


04/30/07 MON 11:13 FAX 19416390028

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000076980			
1. Entity Name DBL-O DOC, INC.			
Principal Place of Business 4130 TAMAMI TRAIL SUITE 100 PORT CHARLOTTE, FL 33952		Mailing Address 2100 JAMAICA WAY PUNTA GORDA, FL 33950	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 65-0840031		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYMANS, MICHAEL P 2315 AARON STREET PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PSTD POPPER, PAUL M 4130 TAMAMI TRAIL PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VIP DUNHAM, DEBORAH JO 4130 TAMAMI TRAIL, SUITE 100 PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not conflict with the information contained in Chapter 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 prepare 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 true information.			
SIGNATURE: PAUL M. POPPER		PSTD 941-629-7707	

FILED
2007 MAY 18 P 2:16



03292007 Chg-P CR2E034 (12/06)

500103220845
05/24/07--01033--011 ***322.50

P. 02
002/005

* Route to Email
FAX NO. 941 629 0503

04/30/2007 11:55 IFAX 7801@farr.com
APR-30-2007 MON 11:56 AM DR. POPPER