


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000045502 1. Entity Name DOE'S LITTLE DEARS, INC.	
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Principal Place of Business 1112 FOUNTAIN RD JACKSONVILLE, FL 32205 US	Mailing Address 6944 BUCKHOUND COURT JACKSONVILLE, FL 32244
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3375546	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOE, CLYDE A 6944 BUCKHOUND COURT JACKSONVILLE, FL 32244	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/22/04-80048-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOE, SONJA 6944 BUCKHOUND CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOE, CLYDE 6944 BUCKHOUND CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Sonia Doe / Sonia Doe 4-21-04 904-781-5125
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR Date Daytime Phone #