

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90017 032 ***150.00

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1. Entity Name
DOJOLE, INC.



Principal Place of Business
**13220 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407**

Mailing Address
**P.O. BOX 14211
PANAMA CITY BEACH, FL 32413**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3409358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JACK G
13220 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
LEE, DEL
STREET ADDRESS
13220 PANAMA CITY BEACH PARKWAY
CITY-ST-ZIP
PANAMA CITY BEACH, FL 32407

TITLE
NAME
P
DOZIER, WILLIAM R
STREET ADDRESS
13220 PANAMA CITY BEACH PARKWAY
CITY-ST-ZIP
PANAMA CITY BEACH, FL 32407

TITLE
NAME
VP
JOHNSON, RONNIE
STREET ADDRESS
13220 PANAMA CITY BEACH PARKWAY
CITY-ST-ZIP
PANAMA CITY BEACH, FL 32407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Del Lee
ST

01/04/05
Date

(850)234-0032
Daytime Phone #