

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90306 021 ***150.00

DOCUMENT # P96000093892

1. Entity Name
DOBY LAND CLEARING, INC.



Principal Place of Business
11831 WEST STATE ROAD 40
OCALA, FL 34481

Mailing Address
11831 WEST STATE ROAD 40
OCALA, FL 34481



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4130264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOBY, EARL
11831 WEST STATE ROAD 40
OCALA, FL 34481

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOBY, EARL
STREET ADDRESS	11831 WEST STATE ROAD 40
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D
NAME	DOBY, CLARA
STREET ADDRESS	11831 WEST STATE ROAD 40
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D
NAME	DOBY, TAMARA
STREET ADDRESS	11831 WEST STATE ROAD 40
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D
NAME	DOBY, TIMOTHY
STREET ADDRESS	11831 WEST STATE ROAD 40
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D
NAME	DOBY, TABITHA
STREET ADDRESS	11831 WEST STATE ROAD 40
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D
NAME	Earl Doby
STREET ADDRESS	11831 West State Road 40
CITY-ST-ZIP	Ocala, FL 34481

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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

04-20-06

Date

(352) 237-1350

Daytime Phone #