## **2007 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Feb 14, 2007 08:00 AM **DOCUMENT # P97000108281 Secretary of State** 1. Entity Name DOCKERY, INC. Principal Place of Business Mailing Address 7031 PORTMARNOCK PLACE 7031 PORTMARNOCK PLACE BRADENTON, FL 34202 BRADENTON, FL 34202 US CR2E034 (11/05) 02122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0802334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION DO NOT WRITE 701 BRICKELL AVENUE **SUITE 3000** IN THIS SPACE MIAMI, FL 33131-3209 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 Fiorida. I am familiar with, and accept SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE DOCKERY, CELESTE NAME STREET ADDRESS 7031 PORTMARNOCK PLACE U00000634715 02/22/07-80023-017 150.00 BRADENTON, FL 34202 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR