2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000041150 1. Entity Name DOUG'S, INC.

FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

4905 47 STREET SARASOTA, FL 34235 Mailing Address

4905 47 STREET SARASOTA, FL 34235



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 04032004 4. FEI Number Applied For 65-0833538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, DOUGLAS E 4905 47 STREET SARASOTA, FL 34235

CtTY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ed office or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title i	applicable (NOTE Registered	1 Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, DOUGLAS E 4905 47 STREET SARASOTA, FL 34235				JIAAAAA 37791
TITLE NAME STREET ADDRESS CITY-SI-ZIP					U00000137791 04/29/04-80054-011 1 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST- ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 teport 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 traspe 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR