2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90038 036 ***150.00

DOCUMENT # P98000054791

1. Entity Name
DUMPLIN VALLEY, INC.

Principal Place of Business	Mailing Address
2536 MCJUNKIN ROAD LAKELAND, FL 33803	2536 MCJUNKIN ROAD LAKELAND, FL 33803

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3598762
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPRADLEN, NORMAN
2536 MCJUNKIN ROAD
LAKELAND, FL 33803

SPRADLEN, CAROLYN
3306 N. COMBEE RD
LAKELAND FL
33805

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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: Carolyn Spradlen CAROLYN SPRADLEN 4/8/05
Signature, typed or printed name of registered agent and date. Date case. (NOTE: Registered Agent signature required when changing) 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	DPST CAROLYN
NAME	SPRADLEN, ~~NORMAN~~
STREET ADDRESS	3306 N. COMBEE ROAD
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	~~VPST~~ VP WOODHEAD, FELICIA L.
NAME	~~SPRADLEN, CAROLYN~~
STREET ADDRESS	~~3306 N COMBEE ROAD~~ 1215 MAY FLOWER DR
CITY-ST-ZIP	~~LAKELAND, FL 33805~~ LAKELAND FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Carolyn Spradlen 4/8/05 863-667-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CAROLYN SPRADLEN