2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000086896

1. Entity Name
DR. G. WILLIAM DOOLIN, JR., OPTOMETRIST, P.A.

Principal Place of Business	Mailing Address
417 A RACETRACK RD NW FORT WALTON BEACH, FL 32547	417 A RACETRACK RD NW FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

50031373

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3537436	Not Applicable

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

6. Name and Address of Current Registered Agent

DOOLIN, WILLIAM G JR
1601 TRENT STREET
FORT WALTON BEACH, FL 32547

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	D
NAME	DOOLIN, G. WILLIAM JR
STREET ADDRESS	1601 TRENT STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

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	

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: _X_ _G. William Doolin, Jr_ _3/21/05_ _850 315 8861_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #